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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997

DIVISION OF CORPORATIONS

| DOCUMENT # P96000081965 | (1) |
|--------------------------------|-----|
| AVENTURA FOOD MART, INC. | |
| | |

| 1180 EAST HALLANDALE BEACH BLVD. SUITE A HALLANDALE FL \$3000 1990 W.D.V.E. H.V. N. R. Ple \$3180 2. Principal Place of Rusiness. 2a. Mailing Address 2a. Mailing Address 2b. Morth Might Beach City & State City & State City & State 2a. Mailing Address City & State City & State City & State Country Country Country Lace of Business 150 EAST HALLANDALE BEACH BLVD. Sulte Abl. M. B. FLA Country 150 EAST HALLANDALE BEACH BLVD. Sulte Abl. B. Sacces Applied For Applied For Applied For Applied For Country Sulte Apt. #, etc. City & State City & State Country Country Country Country Country B. This corporation has liability for intengible tax under s. 199.032. | Trancipal Place of Business & Both Mailing Address | | | | |
|--|---|--|----------------------------------|---------------------------------------|--|
| 2. Principal Place of Regingss . 2. Maling Address . 3. Maling Address . 4. Election Campaign Financing . 5. Stool Address . 5. Maling Maling Address . 5. Maling Address . 5. Maling Maling Maling . 5. Maling Maling Maling . 5. Maling M | 1150 EAST HALLANDALE BEACH BLVD. SUITE A HALLANDALE FL 33009 HALLANDALE FL 33009 HALLANDALE FL 33009 HALLANDALE FL 33009 | | | · · · · · · · · · · · · · · · · · · · | |
| 22 North Might 27 N.B. 4 5. Certificate of Systus Desired Fee Required Fee School Fee School Fee School Fee School Fee Required Fee Required Fee Required Fee Required Fee School Fee School Fee School Fee Required Fee Required Fee School Fee Required Fee Required Fee School Fee School Fee Required Fee Required Fee School Fee Required Fee Required Fee School Fee Required Fee School Fee Required Fee Required Fee School Fee School Fee Required Fee Required Fee School Fee Require | 21 19190 W. DIXIE HWY26 19190 W.D | ixie Hwy | 7. FEI Number 2302638 - A | Applied For Not Applicable | |
| City & State 23 | | LA | 5. Certificate of Status Desired | 1 • • • • • • • • • • • | |
| 24 33 80 25 U.S.A. 28 30 Florida Statutes Vers No 9. Name and Address of Current Registered Agent OSHINSKY, LEONARD 1150 EAST HALLANDALE BEACH BLVD. SUITE A HALLANDALE FL 33009 81 Name ABOUL R. BASTHR 82 Street Address (P.O. Box Number is Not Acceptable) 83 N.M.B. 84 City A 33 NO FL B5 Zip Code 2 Citics or registered agent, or 17 th, in the State of fordat such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, another control of the purpose of each street agent I am familiar with, another control of the composition of Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OSHINSKY, LEONARD 1150 EAST HALLANDALE BEACH BLVD. STE A 13 STREET ADDRESS GIV: 5'-7P | City & State City & State | | , | | |
| OSHINSKY, LEONARD 1150 EAST HALLANDALE BEACH BLVD. SUITE A HALLANDALE FL 33009 81 Name ABOUL R. BASTIR. 82 Street Address (P.O. Box Number is Not Acceptable) 83 N. M. B 11. Pursuant to the provisions of Sertions 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and focost the obligators of four change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and focost the obligators of four corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and focost the obligators of four corporation's board of directors. I hereby accept the appointment as registered agent signature reculred when reinstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. PAME 15. STREET ADDRESS 15. Change Addition 16. Change Addition 17. Pursuant to the provisions of Sertions 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent agent and this if applicable page authorized by the corporation's board of directors. I hereby accept the appointment as registered agent age | 24 33180 25 U.S.A. 20 - 30 | ๆ ้ | Florida Statutes | Yes 🔲 No | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or with, in the State of Jurida 5th change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, another of registered agent and blief applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HILE OSHINSKY, LEONARD 1150 EAST HALLANDALE BEACH BLVD. STE A HALLANDALE FL 33009 14 CITY-ST-ZIP | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 907.1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or by the purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and incorpor the abligacy in soft action 607.0505, Florida Statutes. SIGNATURE Suppose thing directors and bits if applicable professional depth and bits if applicable | 1150 EAST HALLANDALE BEACH BLVD. SUITE A SUITE A B2 Street Address (P.O. Box Number is Not Acceptable) SUITE A | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or with, in the State of Florida Schichange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and receive the applicable policies of the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and receive the applicable policies. SIGNATURE Substitute of the purpose of changing its registered agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DOSHINSKY, LEONARD 1.2 NAME SIRSELADORESS GIV-SY-ZIP 1350 EAST HALLANDALE BEACH BLVD. STE A 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | 84 City 1 A 33 \ PO FI 85 Zip Code 5 | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE DOSHINSKY, LEONARD 1.1 NAME STREET ADDRESS CHY-ST-ZIP STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 1.4 CITY-ST-ZIP DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LANGE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LANGE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 ILE 1.1 TIFLE OSHINSKY, LEONARD 1.2 NAME \$185ELIADDRESS GUY-SY-ZIP HALTANDALE FL 33009 14 CITY-ST-ZIP | | ACCIDENT SAME TO THE PARTY OF T | d when rejectation) | 7-27-7/ | |
| NAME SIRSELADURESS CHY-ST-ZIP OSHINSKY, LEONARD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP | | | | | |
| STREET ADDRESS 1150 EAST HALTANDALE BEACH BLVD. STE A 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP | 1 170 | 1.1 TITLE | | Change Addition | |
| GIY-SY-ZIP HALTANDALE FL 33009 14 CITY-ST-ZIP | | 1.2 NAME | | | |
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| | | | | Change Addition | |

MAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 2 4 CITY - ST-ZIP Change Addition 31 TITLE PILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 3.4. CITY- \$T-ZIP Addition ☐ Change TIFLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY-\$1-7.5 DELETE Change Addition 5.1 TITLE 1 TLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET LADORESS 5.4 City-ST-ZiP €-TY-ST-ZiP DELETE Change Addition 6.1 TITLE 7/103 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapte 607, Florida Statutes; and that my name I do hereby certify that the information sup-information indicated on this annual report. ud with this filin supplemental Lam an officer or director of the corporat appears in Block 12 or Block 13 if change

SIGNATURE:

FILED

May 08 1997 8:00am

Secretary of State