

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081965 (1)

1. Corporation Name
AVENTURA FOOD MART, INC.



Principal Place of Business Both
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009
19190 W. DIXIE Hwy N.M.B. FL 33180

765-0714951

2. Principal Place of Business
21 19190 W. DIXIE Hwy
Suite, Apt. #, etc.
22 North Miami Beach
City & State
23 FLORIDA
Zip
24 33180
Country
25 U.S.A.

2a. Mailing Address
26 19190 W. DIXIE Hwy
Suite, Apt. #, etc.
27 N.M.B. FLA
City & State
28 33180
Zip
29 -
Country
30 -

3. Date Incorporated or Qualified
10/03/1996
3a. Date of Last Report
Same
4. FEI Number
2302638-AP
5. Certificate of Status Desired
-No- \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
OSHINSKY, LEONARD
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
ABDUL R. BASHIR
82 Street Address (P.O. Box Number is Not Acceptable)
19190 W. DIXIE HWY, N.M.B.
83 N.M.B.
84 City
FLA 33180
85 Zip Code
FL 33180

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 both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Abdul R. Bashir

4-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSHINSKY, LEONARD	1.2 NAME	
STREET ADDRESS	1150 EAST HALLANDALE BEACH BLVD. STE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	PRES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDUL R. BASHIR	2.2 NAME	
STREET ADDRESS	19190 W. DIXIE HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N.M.B. FLA 33180	2.4 CITY-ST-ZIP	
TITLE	SEC. DR. V.P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTNA R. BASHIR	3.2 NAME	
STREET ADDRESS	19190 W. DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.M.B. FLA 33180	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abdul R. Bashir

4/29/97

CR2E034 (9/96)