SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

in Block 12 or Block 13 if changed or on an attachment with an address.

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary-of State **DIVISION OF CORPORATIONS** 98 AUG -3 AM 11: 56 P96000081965 (1) SECRETARY OF STATE ALLAHASSEE, FLORIDA AVENTURA FOOD MART, INC. Principal Place of Business Mailing Address 19190 W DIXIE HWY 19190 W DIXIE HWY North Miami Beaoir fl 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/03/1**99**6 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0714951 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etd. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 29 No 24 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BASHIR, ABDUL R 19190 W DIXIE HWY 81 Name Street Address (P.O. Box Number is Not Acceptable) NORTH MAMI BEACH FL 33180 83 84 City Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition Ba**s**hir, abdul r NAME 1.2 NAME 1990 W DIXIE HWY STREET ADDRESS 1.3 STREET ADORESS NORTH MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 21 TITLE TITLE DELETE Change L_ Addition **BABHIR, MARTHA R** NAME 2.2 NAME 19 0 W DIXIE HWY STREET ADDRESS 2.3 STREET ADDRESS ITH MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 800002603648--S -08/06/98--**0**1070--001 ****150.00; ****150.00 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE __ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP E Change Addition TITLE 5.1 TITLE DELETE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ŧ. TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify the 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 cath; 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

4.2000cm

DRU D. LASHBROOK & ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Member of the

Florida Institute of Certified Public Accountants Dru D. Lashtfrook, CPA Brian H. Wolfard, CPA

4481 Stirling Road Fort Laude dale, Florida 33314 Telephane: (954) 581-8112 Bax: (954) 581-2554

July 27, 1998

Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Re: Aventura Food Mart, Inc. 65-0714951

To Whom It May Concern:

The above taxpayer had sent his annual report in a timely manner. For some unknown reason the state did not show his on file. He contacted the sate and was advised to send it in with a letter (see attached), and it would be accepted and the penalty would be waived. In error the taxpayer sent the request to PO Box 1500, and it was returned and not filed. This office contacted the state today and was advised to send it back to this address. Please waive the penalty and accept this renewal, for just cause. This taxpayer is a new corporation and he has tried to follow the correct procedure.

Should you have any questions, give this office a call.

Sincerely,

Brian H. Wollard, CPA

BHW/jr

Enclosure