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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091818 (0)

PRONTO SUPERMARKET, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



9591 FOUTAIN MIAMI FL 3317	BLEU BLVD. UNIT 403 12	9591 FOUTAINBLEU BLV MIAMI FL 33172-6817	9591 FOUTAINBLEU BLVD. UNIT 403 MIAMI FL 33172-6817						
						3. Date Incorporated or Qualified 11/08/1996	3a. Da	te of L	ast Report
-	ace of Business	2a. Mailing Address				4. FEI Number	$\hat{\mathbf{A}}$	L	Applied For
21	u -1-	26				65-070914	<u> </u>		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	} 1			Certificate of Status Desired			75 Additional se Required
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution			
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curre	ent Registered Agent		81		10. Name and Address of New Re	gistered /	Agent	
NAWAISEH, MOHID Y					Name				
9591 FOUTAINBLEU BLVD. UNIT 403 MIAMI FL 33172					Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
tim's	m 1 5 401/ 5			83					
				84	City		FL	B 5	Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stal m familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of	chang ointme	ing its registered nt as registered
SIGNATURE	Signature, typed or printed harve of registerest as	·				pried when reinstating)	DATE		
12.		ND DIRECTORS	13.	1 Age	grainic tec	ADDITIONS/CHANGES TO OFFIC		DIREC	CTORS IN 12
TITLE	D DELETE		1110	1 1 TISLE				Ch	ange 🔲 Addition
NAME	NAWAISEH, MOHID Y		12 N/	ME					
STREET ADDRESS	JNIT 403	13 ST	1.3 STHEET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33172	T oc. car	1 4 CI		T - ZIP				
TITLE		☐ DELE1E						∐ Ch	ange L Addition
NAME			22 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		T DELETE	0ELEJE 31TI		S1 · ZIP			[.] Ch	ange Addition
NAME			32 N					[V ₁]	ange (Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE	DELETE			4.1 TITLE				☐ Ch	ange Addition
NAME	!		4. 2 N	AME					
STREET ADDRESS			4.3 ST	RELT	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-S	IT-ZIP				
TITLE		DELETE	\$.1 TC	TLF				☐ Ch	ange 🔲 Addition
NAME			5.2 N/	Mf					
STREET ADDRESS			5381	REF1	ADDRESS				
CITY-ST-ZIP			5 4 CI	1Y - S	3 - ZIP				
TITLE		☐ DELETE	6170	ILE				Ch Ch	ange 🔲 Addition
NAME			6 2 N/	AME.					
STREET ADDRESS			6.3 S1	REET	ADDRESS				
CITY-\$T-ZIP			6 4 CI	1Y-S	1 · ZIP				

4. 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 13 of Chapter 607 an altachment with an address.

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MOH & NAWA!

12 MAT 305-503-383