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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham _

Secretary of State DIVISION OF CORPORATIONS

1998

P97000013219 (5) DOCUMENT #

1. Corporation Name

ECONOMY FOOD STORE, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4195 NORTHWEST 167 STREET 4195 NORTHWEST 167 STREET MIAMI FL 33055 MIAMI FL 33055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0727621 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 040 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) OGRAL GABLES FL 83134 83 City 11. Pursuant to the provisions of Sections 607,0302 and 607,1308, 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 will, and accept the obligations of Section 007,0506, Florida Statutes. assan SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HASAN, SYED S NAME 12 NAME 4195 NORTHWEST 167 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33055** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HASSANA, SYED Z NAME 2 2 NAME 4195 NORTHWEST 167 STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33055** CITY-ST-ZIP 2 4 City - St - ZiP DELETE Change Addition TITLE 3.1 THELE NAME HUSSAIN, SYED 3.2 NAME 4195 NORTHWEST 167 STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33055 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 411016 TITLE NAME 4. ₹ NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - \$1 - ZIP DELETE Addition Change TITLE 611916 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 if changed or or an altra himent with an address.