FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997 - 98 - 99

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

REINSTATEMENT

DOCUMENT # P97000041172

1. Corporation Name
LUCKY SUPER MARKET, INC.

Principal Place of Business
444 S.W. 4 STREET
HOMESTEAD, FLA.
33030

Mailing Address

3. Date Incorporated or Qualified: MAY 8, 1997
3a. Date of Last Report:

2. Principal Place of Business
21 HOMESTEAD FL
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0753957 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$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

JOHN COSGROVE
201 W. FLAGLER ST.
MIAMI, FLA 33130

10. Name and Address of New Registered Agent

81 Name: ARIEL ENYAN
82 Street Address (P.O. Box Number is Not Acceptable): 710 WEST AVE
83: SUITE 716
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: [signature] 3-17-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CHARLEY MOTABAR 453 5TH AVENUE FLORIDA CITY FLA	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES OMAR MOTABAR 454 E. MOWRY DR #16 HOMESTEAD, FL 33030	☒ Change ☐ Addition
		☐ DELETE	21 / 22 / 23 / 24		☐ Change ☐ Addition
		☐ DELETE	31 / 32 / 33 / 34		☐ Change ☐ Addition
		☐ DELETE	41 / 42 / 43 / 44		☐ Change ☐ Addition
		☐ DELETE	51 / 52 / 53 / 54		☐ Change ☐ Addition
		☐ DELETE	61 / 62 / 63 / 64		☐ Change ☐ Addition

600002824046--7
-03/30/98--01030--021
****700.00 ****700.00

600002824046--7
-03/30/98--01030--021
****208.75 ****208.75

CR2E034 (9/96)

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: [signature] 3-17-97 305-246-4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #