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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074597 (0)

FOOD STOP, CORPORATION

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7275 SW 107 AVE BAY #1 7275-SW 107-AVE-BAY-#1 MIAMI-FL 33183~ DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0777514 SW 7313 73/3 SW 107 Ave. Not Applicable Sulte, 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 23 Nliami Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA. U5A. 24 X Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JASSIR, MARIO J 7313 SW 107 Ave. 7275 6W 107 AVE BAY #1 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI-FL 33183** Hiami Fl. 33173 83 84 City Zip Code FI 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE TITLE **PSTD** 1111116 ☐ Change ☐ Addition NAME JASSIR. MARIO J 1.2 NAME 1665 BAY DRIVE NO. 317 STREET ADDRESS 1.3 STREET ADORESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 4NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 trusted 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:

CITY-ST-ZIP

Mono larinh

Mario J. Tassia PKI 4-28-58 (305) 417-1074