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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000095474 (7)

Nichelas

ASM PRODUCEBGROCERY, INC

Principal Place of Business

FILED May 01 1998 8:00am Secretary of State



1450 SKIPPER ROAD #48 TAMPA FL 33613		1450 SKIPPER ROAD #48 TAMPA FL 33613		DO NOT WRITE	IN THIS SPACE	
					 Date Incorporated or Qualified 11/07/1997 	
2. Principal Place of Business 28. Mailing Address 21. 1450SKINER RD 26. 1450S			KIMER RD		4. FEI Number 59-347735	Applied For Not Applicable
Suite, Apt.	48	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MPA, FC	28 TAMPA, FL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	613 Country SA	29 336/3	30 G	ISA	This corporation owes or has pair Personal Property Tax due June	30. ☐ Yes ☑No
Name and Address of Current Registered Agent AMERIAWYER				10. Name and Address of New Registered Agent 81 Name ANUCTOCA F-C-WOKTY		
343 ALMERIA AVENUE				2 Syreey A	ddress (P.O. Box Number is Not Acceptable	8)-H-(1/2
CORAL GABLES FL 33134				3 7 5	SUSFIFICE FI	-770
			8	K	MAA	FL 85 5015
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 typed to the drawed agent and televial epidicable (NOTE Registered Agent) signature required when reinstating) DATE						
12.	OF LICERS AND		13.	gont signature re	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITL		ABBITION OF THE TOTAL OF THE	Change Addition
NAME	ELMOETY, MOUSTAFA		1.2 NAM	F		
STREET ADDRESS	1450 SKIPPER ROAD #48			ET ADDRESS		,
CITY-ST-ZIP	TAMPA FL 33613			-ST-ZIP		
TITLE	Ď					☐ Change ☐ Addition
NAME	E		2.2 NAM	€		:
STREET ADDRESS	1450 SKIPPER ROAD #48		2 3 STR	ET ADDRESS		1
CITY-ST-ZIP	TAMPA FL 33613		8	r-St-ZIP		
TITLE	DELETE		3.1 TITL			☐ Change ☐ Addition
NAME			3 2 NAV	E		
STREET ADDRESS			3 3 STR	ET ADDRESS		
CITY-ST-ZIP				r · S1 - ZIP		
TITLE	DELETE					Change Addition
NAME			4. 2 NAM	1E		I
STREET ADDRESS			4.3 STRI	ET ADDRESS		
City-St-ZIP			4.4 CITY	-ST-ZIP	·	
TITLE		DELETE	5.1 TITU			☐ Change ☐ Addition
NAME (5.2 NAM	£		ļ
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		DELETE	6.1 TITL		30000250 -05/04/980102	B363 Addition
NAME	14.		6.2 NAM		-05/04/980102	!20 43 , <u>~\\</u>
STREET ADDRESS		ナ	6.3 STRI	ET ADDRESS	***150.00	くしつい
CiTY-ST-ZIP			6.4 City	-ST - 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 is true and accurate and that my signature shall have the same logal 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 all achiment with an address.

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