→ 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 # P97000100783 (4)

E & M.WEST INDIAN AMERICAN GROCERY, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business 6110 N.W. 17TH COURT SUNRISE FL 33313

Suite, Apt. #, etc.

City & State

Zip

21

22

23

24

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Ζip

29

Suite, Apt. #, etc.

6110 N.W. 17TH COURT SUNRISE FL 33313

FILED May 21 1998 8:00am Secretary of State



Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ Ño

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

11/24/1997

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

MING, HORTENSA		I Ivalino	Į.	
6110 N.W. 17TH COURT SUNRISE FL 33313		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
ડ પ્	MINOC I E 000 10	83		
		84 City	FL 85 Zip Code	
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 or family frame of registered agent and bit of apposable (NOTE Registered Agent signature required when relinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	Change Addition	
NAME	MING, HORTENSA	1.2 NAME		
STREET ADDRESS	6110 N.W. 17TH COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	S UNRISE FL 33313	1,4 C(TY - S1 - ZIP		
TITLE	DELETE DELETE	2.1 TITLE	Change Addition	
NAME	MING, EARL	2.2 NAME		
STREET ADDRESS	6110 N.W. 17TH COURT	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33313	2. 4 CHTY-ST-ZIP	200	
TITLE	☐ DELETE	3.1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CłTY-ST-ZIP		
TITLE	L_I DELETE	4.1 TITLE	Change Addition	
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE] Change Addition	
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DECETE	5.4 CITY+ST-ZIP		
TITLE	DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	ļ	
CITY-ST-ZIP	We that the information maybe death this filter days and a life to	6.4 CITY-ST-ZIP	d in Castion 110 07/2Vi) Florida Statutos I futbor cadilly that the information	
14. Thereby certify that the information supplied with this filling 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 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 any attachment with an address.				

Country

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