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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000023126

Corporation Name

VALENCIA FOOD STORES III, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90063 036 ***150.00



Principal Place of Business Mailing Address					$\neg \uparrow$	f 1805/1805 IIS (BIS) INSII SOUR ES	iin arnt anta ma	. I I I I I I I I I I I I I I I I I I I	1819 8111 1881
2996 NW 55TH AVENUE 2996 NW 55TH AVEN		2996 NW 55TH AVENUE							
LAUDERHILL FL 33313 LAUDERHILL FL 33313						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/11/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number	. ^		lied For
21 11345 Stirling Kd. 26						<u> 65-08810</u>	<u> </u>		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 Ad Fee Req	
22 City & State City & State						6. Election Campaign Financing		\$5.00 N	
23 3330						Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the curr	rent year Intang	jible	
24	25	29 3	0			Personal Property Tax.			XNo.
	9. Name and Address of Current	Registered Agent	81	Mama	1	10. Name and Address of New I	Registered Ag	ent	
DADD DDIOCE				Name					
BARR, BRUCE E 5121 SW 90TH AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE #3			83	 					
COOPER CITY FL 33328			84	<u> </u>					
				City			FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Fibrida Statlets, the above-intended Colipitation Statistics and 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS IN									
12.	OFFICERS AND	DELETE	13.		00			Change	M Addition
TITLE	d Shihadeh, Marwan	part in	12 NAME		NS.	dal Abdella			7"
				T ADDRESS :	5/0	Nu 130th L			
CITY- ST- ZIP	COCONUT CREEK FL 33073	•	1.4 CITY-S		$\rho_{\rm e}$	morale Pine	5, EL 3	3505	
TITLE		☐ DELETE	2.1 TITLE		VIC	e-president, tre	asurer [Change	Addition
NAME			2.2 NAMÉ		MO	hamed Aishi	inadel	h	
STREET ADDRESS			2.3 STREE	T ADDRESS	54	8 NW 130th W	M. as	200	ĺ
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NAME			3.2 NAME	T ADDDESS					
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP			_		
TITLE		☐ DELETE	5.1 TITLE				Ţ.	Change	☐ Addition }
NAME			52 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	01-LIP				Change	Addition
TITLE		ال الماداد	6.2 NAME						

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 poetrer 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 chapter or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

APADELLATIF SHIHADET 01-0898 954-7396478