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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **S33882** **(9)**

1. Corporation Name
ASIAN-AMERICAN FOOD MART, INC.

Principal Place of Business
700 NE 2ND AVE
MIAMI FL 33132

Mailing Address
700 NE 2ND AVE
MIAMI FL 33132-1814

3. Date Incorporated or Qualified: **02/22/1991**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business — 21 | Street Address | 22 | Suite, Apt. #, etc. | 23 | City & State | 24 | Zip | 25 | Country

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

4. FEI Number: **65-0248937** ☐ 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

KIM, SUSIE
700 NE 2ND AVE
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	☐ DELETE	131 TITLE ☐ Change ☐ Addition
NAME: KIM, SUSIE		132 NAME
STREET ADDRESS: 700 NE 2ND AVE		133 STREET ADDRESS
CITY-ST-ZIP: MIAMI FL		134 CITY-ST-ZIP
TITLE: D	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME: KIM, HYO J		22 NAME
STREET ADDRESS: 700 NE 2ND AVE		23 STREET ADDRESS
CITY-ST-ZIP: MIAMI FL		24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

CR2E034 (9/96)

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #