FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S99097** **(5)**

1. Corporation Name

SUPER STOP FOODS, INC.

Principal Place of Business
8330 GRIFFIN RD
DAVIE FL 33328

Mailing Address
8330 GRIFFIN RD
DAVIE FL 33328

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 03/20/1995
4. FEI Number: 65-0307704 — 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

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

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

9. **Name and Address of Current Registered Agent**

~~ISAHQUE, MOHAMMED~~
~~8330 GRIFFIN ROAD~~
~~DAVIE FL 33328~~

HAMIDA URRASHID
6270 S.W 20th STREET
POMPANO BEACH
FL- 33068.

10. **Name and Address of New Registered Agent**

81 Name: HAMIDA URRASHID
82 Street Address (P.O. Box Number is Not Acceptable): 6270 S.W 20th STREET.
83
84 City: POMPANO BEACH FL 85 Zip Code: 33068

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: HAMIDA URRASHID

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	~~ISHAQUE, MOHAMMED~~	
STREET ADDRESS	~~8330 GRIFFIN RD~~	
CITY-ST-ZIP	~~DAVIE FL 33328~~	
TITLE	VP	☒ DELETE
NAME	~~ISLAM, MOHAMMED~~	
STREET ADDRESS	~~8330 GRIFFIN RD~~	
CITY-ST-ZIP	~~DAVIE FL 33328~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S.	☒ Change ☐ Addition
1.2 NAME	HAMIDA URRASHID	
1.3 STREET ADDRESS	6270 S.W 20th Street	
1.4 CITY-ST-ZIP	Pompano Bch FL- 33068	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X HAMIDA URRASHID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-30-96