

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 # V27446

(6)

1. Corporation Name

WORLD FOOD MART, INC.



Principal Place of Business

1201 NW 61ST AVE  
SUNRISE FL 33313

Mailing Address

1201 NW 61ST AVE  
SUNRISE FL 33313

3. Date Incorporated or Qualified  
04/06/1992

3a. Date of Last Report  
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

25

4. FET Number  
65-0351766

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, SHOIB V  
1201 NW 61ST AVE  
SUNRISE FL 33313

81

Name *Michael O. Nason*

82

Street Address (P.O. Box Number is Not Acceptable)  
*1201 N.W. 61 St. Ave.*

83

84

City *Sunrise*

FL

85

Zip Code  
*33313*

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

*Michael O. Nason*

(Print Name of Registered Agent) (Signature required when first filing)

Date

*6/3/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KHAN, MUSIB V	
STREET ADDRESS	1201 NW 61ST AVE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KHAN, SHOIB V	
STREET ADDRESS	1201 NW 61ST AVE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Secretary-Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Michael O. Nason</i>	
1.3 STREET ADDRESS	<i>1201 NW 61 Ave.</i>	
1.4 CITY-ST-ZIP	<i>Sunrise, FL 33313</i>	
2.1 TITLE	<i>P.O. Box</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Iram Nason</i>	
2.3 STREET ADDRESS	<i>1201 N.W. 61 Ave.</i>	
2.4 CITY-ST-ZIP	<i>Sunrise, FL 33313</i>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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

*Michael O. Nason* - *GIHAD O. HASAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/26/96*

Daytime Phone #

*321-5516*

CR2E034 (12/95)