SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V48019** **(6)**

1. Corporation Name
MINIMART FOOD STORES, INC.

Principal Place of Business	Mailing Address
16689 N.E. 19TH AVE. NORTH MIAMI FL 33162	16689 N.E. 19TH AVE. NORTH MIAMI FL 33162

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business
21: 2996 NW 55th Ave
22: Suite, Apt. #, etc.
23: Lauderhill FL
24: 33313 — 25: Country

2a. Mailing Address
26: 2996 NW 55th Ave
27: Suite, Apt. #, etc.
28: Lauderhill, FL
29: 33313 — 30: Country

4. FEI Number: **65-0347436** ☐ 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
OSHINSKY, LEONARD
1150 E HALLANDALE BCH BLVD
STE A
HALLANDALE FL 33009

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when changed above) Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEHADEH, LUTFI		1.2 NAME	
STREET ADDRESS	5048 NW 59TH WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABUASI, ALI		2.2 NAME	
STREET ADDRESS	3727 NO. CARANBOLA CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OWEISI, JAMAL		3.2 NAME	
STREET ADDRESS	302 SW 85TH WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES FL		3.4 CITY-ST-ZIP	
TITLE		☐ 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	100001914621 ☐ Change ☐ Addition
NAME			5.2 NAME	-08/06/96--01170--026
STREET ADDRESS			5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Lutfi Shehadeh Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed or Printed Name _____