FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64728** **(1)**

1. Corporation Name
S.A.F. MARKET NO. 409, INC.

Principal Place of Business	Mailing Address
300 N.W. 82ND AVENUE SUITE 506 PLANTATION FL 33324	300 N.W. 82ND AVENUE SUITE 506 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business	2a. Mailing Address
21 338 . N. KROME Ave	26 . 338 . N. KROME Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOMESTATE	City & State 28 HOMESTATE FL
Zip 24 33030 County 25	Zip 29 33030 County 30

4. FEI Number 65 0363192 ☐ 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	10. Name and Address of New Registered Agent
JAFERI, ALI 300 NW 82ND AVENUE SUITE 506 PLANTATION FL 33324	81 Name: FAHIM. MIRZA. 82 Street Address (P.O. Box Number is Not Acceptable) 83: 338 . N. KROME. Ave . 84 City: HOMESTATE FL 85 Zip Code: 33030

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 ✓ Jahmm - FAHIM. MIRZA. 4-25-95
Signature, typed or printed name of registered agent and title, if applicable — NOTE: President/Agent signature required when name changed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	D.P.V.S ☒ Change ☐ Addition
NAME	JAFERI, ALI	12 NAME	FAHIM. MIRZA.
STREET ADDRESS	300 N.W. 82ND AVE #506	13 STREET ADDRESS	338. N. KROME. AVE. HOMESTATE. FL 33030
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JAFERI, ALI	22 NAME	
STREET ADDRESS	300 N.W. 82ND AVE #506	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Jahmm. FAHIM. MIRZA. 4/25/95 305.247.3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232749 CF