

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 # **P93000077541 (9)**

1. Corporation Name

MARBIL USA GROCER, INC.



Principal Place of Business

Mailing Address

4550 W VILLAGE DR
TAMPA FL 33624-3429

4550 W VILLAGE DR
TAMPA FL 33624-3429

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

11/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3208361

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

PATEL, HARISH
4550 W VILLAGE DR
TAMPA FL 33624

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

Harish Patel

Signature, typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: PATEL, HARISH
STREET ADDRESS: 4550 W VILLAGE DR
CITY-ST-ZIP: TAMPA FL 33624-3429

DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE: DELETE
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: DELETE
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TITLE: DELETE
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STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME: PATEL, NIRANJANA
1.3 STREET ADDRESS: 4550 W VILLAGE DR.
1.4 CITY-ST-ZIP: TAMPA FL 33624-3429

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:

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:

Niranjana Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)