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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000040786 (4) 79TH STREET BARGAIN CITY, INC. Principal Place of Business Mailing Address 1160 N.W. 79TH STREET P.O. BOX 470397 MIAMI FL 33147 MIAMI FL 33247 3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1993 02/15/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Prace of Business 65-0418521 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing []Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032 Ζıp Yas 🔀 No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PORTER, EUGENE J CPA s (P.O. Box Number is Not Acceptable 82 5770 NW 79TH ST **MIAMI FL 33147** 83 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 familiarly th, and accept the obligations of, Section 607.0505, Fiorida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) 12 OFFICERS AND DIRECTORS 13 Change Addition DELETE 11 TITLE TITLE CR2E034 NAME CURRAN, JOHN J 1.2 NAME STREET ADDRESS 2770 N.W. 79TH STREET 1.3 STREET ADDRESS MIAMI FL 33147 14 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CHTY - ST - ZIP CITY ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DITY-ST-ZIP Change Addition DELETE 5.1 THUE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 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 617, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed or on an attachment with an address

SIGNATURI

JOHN J CUPRAN 8-1-96