

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90066 041 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P93000040786**

1. Corporation Name  
**79TH STREET BARGAIN CITY, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1160 N.W. 79TH STREET<br>MIAMI FL 33147 | Mailing Address<br>PO BOX 610456<br>N MIAMI FL 33261<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |
|---|--|

|   |                                       |                               |
|---|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/09/1993</b>  | 4. FEI Number<br><b>65-0418521</b>    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                               |

9. Name and Address of Current Registered Agent

**EARLS, JOHN P**  
**2770 NW 79 ST.**  
**MIAMI FL 33147**

10. Name and Address of New Registered Agent

|   |                      |
|---|----------------------|
| 81 Name   | <b>JOHN CURRAN</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>2770 NW 79 ST</b> |
| 83  |                      |
| 84 City   | <b>MIAMI</b>         |
| 85 State  | <b>FL</b>            |
| 86 Zip Code   | <b>33147</b>         |

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: *John Curran* DATE: Apr 20, 99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              |                                 |
|----------------------------|------------------------------|---------------------------------|
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME                       | <b>CURRAN, JOHN J</b>        |                                 |
| STREET ADDRESS             | <b>2770 N.W. 79TH STREET</b> |                                 |
| CITY-ST-ZIP                | <b>MIAMI FL 33147</b>        |                                 |
| 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   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 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 hereby certify that the information supplied with this filing 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *John Curran* DATE: Apr 20, 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)