FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
CORPORATE REPORT
SECTION FILING
DIVISION OF CORPORATIONS

DOCUMENT # **P94000070078 (8)**

1. Corporate Name
DOLLAR CLUB OF DADE COUNTY, INC.

95 MAY -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12820 S.W. 8TH ST
MIAMI FL 33174

Mailing Address
12820 S.W. 8TH ST
MIAMI FL 33174

(DO NOT WRITE IN THIS SPACE)

3. Date of Last Report: 09/22/1994
3a. Date of This Report:

2. Principal Place of Business
21 9400 W FLAGLER ST
Suite, Apt. #, etc.
22 108
City & State
23 MIAMI, FL
Zip 24 33174 County 25 DADE

2a. Mailing Address
26 9400 W. FLAGLER ST
Suite, Apt. #, etc.
27 108
City & State
28 MIAMI, FLORIDA
Zip 29 33174 County 30 DADE

4. FEI Number: 650522857
Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financial Trust Fund Certificate: $5.00 May Be Added to Fees

8. Does corporate business qualify for reduced fee under S. 607.0122 Florida Statutes? X Yes No

9. Name and Address of Current Registered Agent
KAHN, DONALD J ESQ.
627 71 STREET
MIAMI BEACH FL 33141

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any subsequent change in its registered office or registered agent must be reported 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

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	TEKPINAR, HASAN H
STREET ADDRESS	12820 S.W. 8TH ST.
CITY, ST, ZIP	MIAMI FL 33174
TITLE	DVS
NAME	TEKPINAR, ARMINDA Y
STREET ADDRESS	12820 S.W. 8TH ST.
CITY, ST, ZIP	MIAMI FL 33174

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Attach Page)

14. I hereby certify that the information supplied with this report is accurate and complete, and that I am qualified to file this report under the laws of the State of Florida. I further certify that the information indicated on this report or supplemental attachment 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 hereof or on an attached amendment, or my title is added to the statement with my signature.

SIGNATURE: 4-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-226-5789
Area Code & Daytime Phone Number

0201883 CP