Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90013 010 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V05822

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BARGAIN	N SHOP INC.			•		2.61. 61611 61511 61511 61511 (25)
	. •					
		1 A - 19 - A - I - I				
Principal Place of Business Mailing Address						
17 N FLAGLER AVE HOMESTEAD FL 33030 HOMESTEAD FL 33031						
US US					DO NOT WRITE IN	THIS SPACE
	· ·				3. Date Incorporated or Qualifed	
					01/10/1992	
_2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0305731	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		_	To the Control of Control	
City & State	e	⊢ ′			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Count	······································	8. This corporation owes the current year	
	25		30	•	Personal Property Tax.	Maryes □No
24	9. Name and Address of Current		1		10. Name and Address of New Registe	ered Agent
		<u></u>	8	1 Name		
NOR	RITO, FRANCESCO		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
25001 SW 189 AVE			ľ	Z Sueel Au	idless (F.O. Box Number is Not Acceptable)	
HOM	IESTEAD FL 33031		8	3	-	
	•			4 City		85 Zip Code
				1		FL
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations are sections.	of Florida. Such change was au	ithonzed b	v tne corbora	progration submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ad	ent signature requ	uired when reinstating) DA1	'E
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	NORRITO, FRANCESCO		1.2 NAME	:		
STREET ADDRESS			1.3 STRE	ET ADDRESS		•
C/TY-ST-ZIP	HOMESTEAD FL		1.4 CITY	ST-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	. · · · · · · · · · · · · · · · · · · ·	والمعالم المسترومين بشيخ يستشيشني	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			·2:4 CITY	-ST-ZIP		
TITLE	☐ DELETÉ		3,1 TITLE	i .		Change Addition
NAME .			3.2 NAMI	=	,	
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3,4. CITY			Channe
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		□ perette	4.4 CITY-			Change Addition
TITLÉ		☐ DELETE	5.1 TITLE 5.2 NAME			C1 change C1 vegetou
NAME	†			ET ADDRESS		
STREET ADDRESS	1		5.4 CITY-	4		
CITY-ST-ZIP	,	☐ DELETE	6.1 TITLE			Change Addition
TITLE (C.)	િંદ્રમાં કિલ્લું	, DELETE	6.2 NAMI			
NAME	1		# V.Z. WY	-		

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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ESCO). NORRITO 4/3/99 305 246 250