## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

283142

	orporation	MENT # 28314 STORES INC	2 (8)					H    B  E   #  A
Principal Place of Business 39 N E 1ST ST			Mailing Address 39 N E 1ST ST	·				
	IAMI FL 33		MIAMI FL 33132					
						<ol> <li>Date Incorporated or Qualified 07/09/1964</li> </ol>	3a. Date of Last 05/01/1	
	incipal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Ĺ	Applied For
21	uite, Apt. #	oto	26   Suite, Apt. #, etc.		<del></del> .	59-1051683		Not Applicable
22	лю, крт. #	, 816.	27 Suite, Apr. #, etc.		. (	5. Certificate of Status Desired		5 Additional Required
Ci <b>23</b>	ity & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zı	p	Country	Zip	Coun	try	8. This corporation has liability for		s 199.032,
24 25 29 3. Name and Address of Current Registered Agent				30		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
		5, Hame and Address of Curren	it riegistered Agent		Name	10. Name and Address of New A	Jegistoreo Agent	
GINZBURG, SAUL				-	Street A	ddress (P.O. Box Number is Not Acceptat	hiai	
39 N E 1ST STREET				ľ	SUBEL AL	doress (r.o. dox number is not Acceptat	леј	
MIAMI FL 33132				ε	13			
				ξ	14 City		85 2	Zip Code
	5 As	the ere delene of Sections COZ 0500	and COZ 1500 Florida Ctot 4	a dha ab a	1		FL	
'''	or registere	ed agent, or both, in the State of Flori	da. Such change was authorize	ed by the co	rporation's b	poration submits this statement for the pulpoard of directors. Thereby accept the app	pose of changing its pointment as registers	ed agent. I am
		i, and accept the obligations of, Sect	ion 607.0505, Fionoa Statutes	•				
SIGN	IATURE _	Signature typed or printed name of registered agent	and title if applicable. (NO	TE: Flegistered A	gent signature req	ured when reinstating)	DATE	
12.			D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE		PD DEGIA	☐ DELETE	1. 1 1(1)			Change	e [] Addition
NAME		SINGER, PESIA		1,2 NAN	1			
!	1 ADDRESS	7901 BISCAYNE POINT		1.3 \$TR	EET ADDRESS			
City -S	\$1 - ZIP	MIAMI BEACH FL SD	ר וויניני		'- \$T - Z(P		□ Chan	T Addition
TITLE		GINZBURG, SAUL	DETEAE	2. 1 THT			☐ Change	Addition
NAME		7901 BISCAYNE POINT		2.2 NAM				
ļ.	ADDRESS	MIAMI BCH. FL		1	EET ADDRESS			
CITY-S TITLE	31-716	TD		2 4 City 3 1 Tift	'-ST-ZIP		Change	Addition
l	]	GINZBURG, BERTHA		3.2 NAN				, D Working
NAME		7901 BISCAYNE PT			-			
	I ADDRESS	MIAMI BCH. FL			EET ADDRESS			
TITLE	51-212	AS	DELETE	4. 1 1(f)	r-ST-ZIP		☐ Change	Addition
NAME		DANNON, JACK		4.1 MAN			change	
ł	T ADDRESS	1875 NE 208 TERR			EET ADDRESS			
1		N MIAMI BCH FL						
CITY-S	31-ZIF	THE WILL DOUBLE	DELETE	4.4 UII) 5 1 IIII	r-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			- 010011	5.2 NAN	1		change	, LJ Addition
!	I ANNECCO				EET ANNOEGG			

 I do hereby certify that the inform certify that the information indicat oath; that I am an officer or direct appears in Block 12 or Block 13 is vometarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further supplier lental annual report is true and accurate and that my signature shall have the same legal effect as if made under receiver or trustee empowerer to execute this report as required by Chapter 607, Florida Statutes; and that my name upplied with this fili this an lual report of the corporation or the

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

6. 1 TITLE

6.2 NAME

SIGNATURE:

CITY - S1 - ZIP

STREET ADDRESS

TITLE

NAME

□ DELETE

4/14/96 305-371-3/8/ Daytinie Phone #

☐ Change ☐ Addition