

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 306364 (1)

1. Corporation Name

THE FAIR DEPARTMENT STORE, INC.



Principal Place of Business

Mailing Address

10 NW 2ND ST  
MIAMI FL 33128

10 NW 2ND ST  
MIAMI FL 33128

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1966

3a. Date of Last Report

03/30/1995

4. FEI Number

59-1143465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

GORFINKEL, NESTOR B., ESQ.  
7 NW 2ND STREET  
SUITE 203  
MIAMI FL 33128

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME SAPOZNIK, LAZARO  
STREET ADDRESS 10 NW 2ND ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DT  
NAME GORFINKEL, JULIUS  
STREET ADDRESS 10 NW 2ND ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD  
NAME GORFINKEL, LEON  
STREET ADDRESS 10 NW 2ND ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD  
NAME SAPOZNIK, JOSE  
STREET ADDRESS 10 NW 2ND ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DS  
NAME SAPOZNIK, CLARA  
STREET ADDRESS 10 NW 2ND ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary  
1.2 NAME Estela Gorfinkel  
1.3 STREET ADDRESS 10 N.W. 2nd Street  
1.4 CITY-ST-ZIP Miami, Florida 33128 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

900001752109  
-03/21/96--01022--027  
\*\*\*200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

(305) 371-3309

CR2E034 (12/95)