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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

10 NW 2ND ST
MIAMI FL 33128

Mailing Address

10 NW 2ND ST
MIAMI FL 33128-1822

3. Date Incorporated or Qualified
06/21/1966

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	DELETE
NAME	SAPOZNIK, LAZARO	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	DELETE
NAME	GORFINKEL, JULIUS	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	DELETE
NAME	GORFINKEL, LEON	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	SAPOZNIK, JOSE	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	DELETE
NAME	SAPOZNIK, CLARA	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	DELETE
NAME	GORFINKEL, ESTELA	
STREET ADDRESS	10 N.W. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)