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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

307068

(7)

THE	II IQAQ	ΛD	STORE	INC

THE POPULAR STORE INC									
Principal Place o	of Business	Mailing Address	s			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	, 81841 A1811 FIRI	. e. e e . e
383 NE 2NO HALLANDAL			D AV LE FL 33009						
US		US				3. Date Incorporated or Qualified 07/12/1966	3a . Da	te of Last Rep 04/26/19	
2. Principal Plac	ce of Business	2a, Mailing Add	dress			4. F&I Number	-		pplied For
21		26				59-1145880		N	ot Applicable
Suite, Apt. #, etc		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired		*	Additional	
22		27				A Flantin Committee Francisco			equired
City & State		Orty & State	€			Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zip	Country	Zip	T	 Country		8. This corporation has liability for	intangible		
24	25	29	30			Florida Statutes 11 Yes	. □ No		
	9. Name and Address of Currer	nt Registered Agen	t			10. Name and Address of New I	Registere	d Agent	
				81	Name				
HAIMM	,SHARLYNE			82	Street Add	lress (P.O. Box Number is Not Accepta	ole)		
	iorth Country Club Dr. Pf	1#3		83					
NORTH	1 MIAMI FL 33160			63					
				84	City		F	85 Zip	Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change wa tion 607.0505, Florid	is authorized by t a Statutes	the corp	ioration s doa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose or continent :	as registered	agent larn
	Signature, typed or proteonance of regularists per OECIOEIDS, AN	D DIRECTORS		леген Аде 13.	of signature respon	ADDITIONS/CHANGES TO OF		ND DIRECTO!	RS IN: 12
12.	PD OFFICERS AN	DINECTORS		1 1 TILE		ABBITIONS INTELES TO ST		Change	Addition
NAME	HAIMM, SHARLYNE	-		1 2 NAME					
STREET ADDRESS	3625 N COUNTRY DR		ŀ	13 STREE	: ADDRESS				
CITY-ST-ZIP	N MIAMI FL			14 CHY :	ST - ZIP			A 17 107777	
TITLE	DST	□ D	ELETE	2 1 11111 E				Change	☐ Addition
NAME	HAIMM, MICHAEL			2 2 NAME					
STREET ADDRESS	383 NE 2ND AV			2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	HALLANDALE FL			2.4 CITY :	ST - ZIP			Change	Addition
TITLE		[] [3 1 TIFLE				[_] Onlings	
NAME OXOGEZ ADDREGO				32 NAME	T ADDRESS				
STREET ADDRESS			1	34 City					
CITY-ST-ZIP TITLE		Пр		4 1 TIFLE	<u> </u>			Change	Addition
NAME		_		4.2 NAME	•				
STREET ADDRESS				4 3 STREE	I ADDRESS				
CITY-ST-ZIP				4.4 CiTY -	SI-ZIF				
TITLE			DELETE	5 1 THEF				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS			I	5 3 STREE	LADDRESS				
CITY - ST - ZIP			, <u></u>	54 CITY-	\$1-210				
TITLE			DELETE	6 1 TILLE				Change	Addition Addition
NAME				6.2 NAME					
STREET ADDRESS			l.	6 3 STREE	T ADDRESS				

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 cath; 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

Date Daytime Product

SIGNATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR