

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 578635 (5)

1. Corporation Name

CLASS BARGAIN STORE, INC.



Principal Place of Business

1057 WEST FLAGLER ST
MIAMI FL 33130-1031

Mailing Address

1057 WEST FLAGLER ST
MIAMI FL 33130-1031

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip
29 Country

3. Date Incorporated or Qualified
06/30/1978

3a. Date of Last Report
01/31/1995

4. FEI Number
59-1831913

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

KLOCMAN, HYMAN
5448 LAGORCE DR
MIAMI BEACH FL

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 of person filing this statement

Signature of person accepting appointment as registered agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PS	☐ DELETE
2. NAME	KLOCMAN, BERNARD	
3. STREET ADDRESS	5448 LAGORCE DR	
4. CITY, ST, ZIP	MIAMI BCH, FL 00000	
5. TITLE	VP	☐ DELETE
6. NAME	KLOCMAN, HAYMAN	
7. STREET ADDRESS	5448 LAGORCE DR	
8. CITY, ST, ZIP	MIAMI BEACH FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished; I am not qualified for the exemption stated in Section 119.07(3)(g), 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 or clerk or appears in Book 12 or Book 13 if changed; or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hayman Klocman

2/15/96

Daytime Phone

CR2E034 (12/95)