

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **F96000003336 (2)**

1. Corporation Name
FREEDOM CASHIER, INC.



Principal Place of Business
**844 DEKALB AVE
BROOKLYN NY 11221-1402**

Mailing Address
**844 DEKALB AVE
BROOKLYN NY 11221-1402**

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

4. FEI Number
11-3113627

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

2. Principal Place of Business

2a. Mailing Address

21 **844 DEKALB AVE**

26 Suite, Apt. #, etc.

22 City & State
BROOKLYN, NY

27 City & State
SAME

23 Zip
11221

28 Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLINA, ONEIDA
1418 LENOX AVE
MIAMI BCH FL 33139**

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]** **NONE**

3/6/97

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
1.2 NAME
S GALINDO, CARMEN
1.3 STREET ADDRESS
58-18 77TH PL
1.4 CITY-ST-ZIP
MIDDLE VILLAGE NY 11373

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]** **CARMEN GALINDO** **NONE**

3/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (9/96)