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 # J09607

1. Corporation Name
SAUNDERS HARDWARE FIVE AND TEN CORPORATION

Principal Place of Business
2501 CORAL WAY
MIAMI, FL 33145

Mailing Address

3. Date Incorporated or Qualified: 4/14/1986	3a. Date of Last Report: 5/1/95
4. FEI Number: 59-1006413	☐ 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	26 9519 S DIXIE HWY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: MIAMI, FL
24 Zip / 25 Country	29 Zip: 33156 / 30 Country: USA

9. Name and Address of Current Registered Agent

MATTHEW A. CONNOLLY
9436 SW 69 AVE
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name: J. BRUCE HOFFMANN
82 Street Address (P.O. Box Number is Not Acceptable): 5915 PONCE DE LEON BLVD
83 SUITE 60
84 City: CORAL GABLES 85 FL Zip Code: 33146

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] 4/30/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P, S, D	☐ DELETE
NAME	MATTHEW CONNOLLY	
STREET ADDRESS	9436 SW 69 AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	V, T, D	☐ DELETE
NAME	FERNANDO QUINTAS	
STREET ADDRESS	14888 SW 71 LANE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	☐ DELETE
NAME	FRANK COGSWELL	
STREET ADDRESS	16215 SW 99 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	400001826164	
4.3 STREET ADDRESS	-05/17/96--01018--024	
4.4 CITY-ST-ZIP	***200.00	
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		

CR2E034 (12/95)

JC 5/1/96

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: Matt A. Connolly 4/30/96 305-666-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MATTHEW A. CONNOLLY