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

DOCUMENT # K65588

(1)

FLORIDA CASH & CARRY, INC.

FIL.	ED
Sep 18 199	97 8:00am
Secretary	of State

Principal Place of Business Mailing Address					t 19819111 die 24191 Birde diest 1912t 1911 graft gran gent gent gegt, gegt, gegt,			
1339 S. ANDREWS AVENUE FT. LAUDERDALE FL 33315		1339 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316-1837						
					3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last F 04/18/1996	leporl	
	lace of Business	2a. Mailing Address			4. FEI Number	1	oplied For	
21		26			65-0210291		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27					equired	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country	28 Zip	Zip Country			Trust Fund Contribution Added to Fees		
24 Zip	<u> </u>	⊢	30	ıry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
24]	25 9. Name and Address of Currer		30		10. Name and Address of New Ro			
. ⊀ RUL	Z, CHARO B			1 Name				
	S. FEDERAL HWY., #300		<u> </u>	10	IN PO BOLANDS dress (P.O. Box Number is Not Accepta	RUIZ		
	LAUDERDALE FL 33316		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
'N F1-1	DAUDENDALE PL 33310		ε	3	U 31 1941 31 441	<u> </u>		
			L				<u></u>	
			6	City	JAINGERANIE	FL 85 Zip	Code 1 20 /	
11. Pursuant.	to the provisions of Sections 607 050	02 and 607,1508, Florida Statute	s, the abo	ove-named cor	poration submits this statement for the	purpose of changing i	ts registered	
office or	en sie ed agent, or both, in the State	Norida Such change was au	uthorized	by the corpora	poration submits this statement for the alion's board of directors. I hereby acce	pt the appointment as	registered	
		X / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		مراميـ مراميـ	o Dura	9-10-97		
SIGNATURE	Silver of manager of regulated and		: flegistored	Agent signature requ	uired when reinstaling)	DATE		
12.	OFFICE DE AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITL	Ε .		☐ Change	☐ Addition	
NAME	RUIZ, R.C.		1.2 NAM	E.				
STREET ADDRESS	1350 S.E. 3RD AVE		1.3 STRI	EET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY	- ST - 21P				
TITLE	8	☐ DELETE	2.1 TITL	E		Change	Addition	
NAME	RUIZ, ROSARIO BOLANOS		2.2 NAM	E .				
STREET ADDRESS	1350 S.E. 3RD AVE		2.3 STR	ET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		2.4 CIT	Y - ST - ZIP			····	
TITLE		☐ DELETE	3.1 TITL	E		☐ Change	Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRI	FT ADDRESS				
CITY-ST-ZIP			3.4. CIT	(-SI-ZIP				
TITLE		☐ DELETE	4.1 TITL	E		Change	Addition	
NAME			4. 2 NAM	NE				
STREET ADDRESS			4.3 STRI	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5.1 TITL	E '		Change	Addition	
NAME			5.2 NAM	E		-J/	\sqrt{N}	
STREET ADDRESS			5.3 STR	ET ADDRESS		c//	6. N.	
CITY-ST-ZIP	`.		5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition	
NAME	:		6.2 NAM	lE	8000022 5 -03/22/97010	<u> </u>		
STREET ADDRESS			6.3 STRI	EET ADDRESS	-03/22/97010	22030		
C(TY-ST-7#P				-ST-ZIP	***550.00			

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 direction of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an antiactive with an address.

MEARIN PALLIN DIES GUAGO 7/7 9/8