

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90058 026 ***150.00

DOCUMENT # L94535

1. Corporation Name
SALE STORES CORP.

Principal Place of Business

~~18800 NW 2ND AVE #121~~
~~MIAMI FL 33169~~
US

Mailing Address

~~18800 NW 2ND AVE #121~~
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

65-0208117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 16112 NW 13 AVE

Suite, Apt. #, etc.

22 SUITE E

City & State

23 MIAMI, FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 16112 NW 13 AVE

Suite, Apt. #, etc.

27 SUITE E

City & State

28 MIAMI, FL

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

LANDMAN, BENJAMIN L

~~18800 NW 2ND AVE #121~~
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16112 NW 13 AVE

83 SUITE E

84 City MIAMI

FL

85 Zip Code

33169

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTM ☐ DELETE

NAME LANDMAN, BENJAMIN L.

STREET ADDRESS ~~18800 NW 2 AVE #121~~

CITY-ST-ZIP MIAMI FL

TITLE DV ☒ DELETE

NAME LIPSON, DALIA

STREET ADDRESS 321 FOREST ST

CITY-ST-ZIP DENVER CO

TITLE D ☒ DELETE

NAME TOPF, DANIEL

STREET ADDRESS 406 PONCIANA ISLAND DRIVE APT 160

CITY-ST-ZIP N MIAMI BEACH 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

16112 NW 13 AVE, SUITE E
MIAMI, FL 33169

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

BENJAMIN LANDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/99

(305)620-4700

CR2E034 (11/98)

0245609