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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04659

MIAMI FL

MIAMI FL

WEISBERG, JANET LEE

10890 SW 186 ST

VP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME (2)

MIAMI DISCOUNT TOOL AND HARWARE, INC.

Principal Place of Business Mailing Address 10890 SW 186 ST 10890 SW 186 ST MIAM! FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2443643 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEISBERG, DAVID 10890 SW 186 ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registived agent and the if applicable (NOTL Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE WEISBERG, DAVID 1.2 NAME NAME 10890 SW 186 ST 1.3 STREET ADDRESS STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

DELETE

DELETE

14. 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 of the receiver or true tele 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 or an attachment with an address.

AMO INTERESTRA DI CUBILAR 20-22-155

CR2E034 (10/97)

Addition

Addition

Addition

Addition

Addition

Change

Change

Change

Change

Change

FILED

May 01 1998 8:00am

Secretary of State