

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

**FILED**

**Jan 21 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # M21545 (2)**

**1. Corporation Name**  
**THE BIG 5, INC**

**Principal Place of Business**  
**8290 N.W. 25TH ST.**  
**MIAMI FL 33122**

**Mailing Address**  
**8290 N.W. 25TH ST.**  
**MIAMI FL 33122-1505**



**3. Date Incorporated or Qualified**  
**10/04/1985**

**3a. Date of Last Report**  
**07/13/1996**

**4. FEI Number**  
**59-2596964**

**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**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☒ **Yes** ☐ **No**

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

**9. Name and Address of Current Registered Agent**

**SAEZ, PEDRO J.**  
**9490 S.W. 38TH ST.**  
**MIAMI FL 33165**

**10. Name and Address of New Registered Agent**

**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 of person providing name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **DELETE**  
**NAME** **SAEZ, PEDRO J.**  
**STREET ADDRESS** **9490 S.W. 38TH ST.**  
**CITY - ST - ZIP** **MIAMI FL 33165**

**TITLE** **D** ☐ **DELETE**  
**NAME** **SAEZ, CONSUELO G.**  
**STREET ADDRESS** **9490 S.W. 38TH ST.**  
**CITY - ST - ZIP** **MIAMI FL 33165**

**TITLE** **D** ☐ **DELETE**  
**NAME** **SORDO, CESAR A.**  
**STREET ADDRESS** **8931 S.W. 85TH ST.**  
**CITY - ST - ZIP** **MIAMI FL 33173**

**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**  
**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pedro J. Saez**

**1-6-97 305-592-2330**

Date Day-Mo-Year

0182130

CR2E034 (9/96)