

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:36

DOCUMENT # **P92000010954 (5)**

1. Corporation Name
THRIFT CITY, INC.

Principal Place of Business Mailing Address
901 E 10 AVE #22 D & E #23
HIALEAH FL 33010 **901 E 10 AVE #22 D & E HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/09/1992 **01/25/1994**

4. FEI Number Applied For
65-0375500 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. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 26. City & State

23. Zip 27. Zip

24. Country 28. Country

9. Name and Address of Current Registered Agent

YGARZA, FRANKLIN
17030 NW 78 AVE
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City 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 _____

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **YGARZA, FRANKLIN**

STREET ADDRESS **17030 NW 78 AVE**

CITY, ST, ZIP **HIALEAH FL 33015**

TITLE **D**

NAME **MIRALLES, JOSEFA**

STREET ADDRESS **7870 NW 175TH STREET**

CITY, ST, ZIP **HIALEAH FL 33015**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Josefa Miralles*
HIGH AND TRUE PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-12-95 897-3009