

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 23 AM 9:04

**DOCUMENT # P93000083961 (1)**

1. Corporation Name

**OK 99 CENTS, INC.**

Principal Place of Business

**12821 NW 11TH ST  
MIAMI FL 33182**

Mailing Address

**12821 NW 11TH ST  
MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/08/1993</b>                                                                                                      | 3a. Date of Last Report<br><b>06/28/1994</b> |
| 4. FEI Number<br><b>65-0453263</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|                                                                |                                                        |
|----------------------------------------------------------------|--------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                | 10. Name and Address of New Registered Agent           |
| <b>PEREZ, ARMANDO D<br/>833 NW 37TH AVE<br/>MIAMI FL 33125</b> | 81. Name                                               |
|                                                                | 82. Street Address (P.O. Box Number is Not Acceptable) |
|                                                                | 83. City                                               |
|                                                                | 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 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 reappointing)

DATE

|                            |                              |                                                       |                                                                   |
|----------------------------|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | D                            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEREZ, ARMANDO D</b>      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12821 NW 11TH ST</b>      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MIAMI FL 33182</b>        | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HERNANDEZ, LADISLAO E</b> | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>652 NW 44TH AVE</b>       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>MIAMI FL 33128</b>        | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                              | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                              | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                              | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                              | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                              | 6.4 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 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

**ARMANDO D. PEREZ**

**6/2/95**

Daytime Phone #