SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

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: 12/08/1993
3a. Date of Last Report: 06/28/1994
4. FEI Number: 65-0453263
[ ] Applied For
[ ] 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 [X] No

2. Principal Place of Business
21. 819 N.W. 37 AVE
Suite, Apt. #, etc.
22.
City & State
23. MIAMI, FL.
Zip
24. 33125
Country
25. U.S.A.

2a. Mailing Address
26.
Suite, Apt. #, etc.
27.
City & State
28.
Zip
29.
Country
30.

9. Name and Address of Current Registered Agent

PEREZ, ARMANDO D
~~800 NW 37TH AVE~~
~~MIAMI FL 33125~~

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 819 NW 37 AVE
83.
84. City MIAMI FL
85. Zip Code 33125

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] ARMANDO D. PEREZ 4/22/96

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, ARMANDO D
STREET ADDRESS	12821 NW 11TH ST
CITY-ST-ZIP	MIAMI FL 33182
TITLE	D
NAME	HERNANDEZ, LADISLAO E
STREET ADDRESS	652 NW 44TH AVE
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, [illegible] and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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] ARMANDO D. PEREZ 4/22/96 (305) 642-1089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)