FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000007821 (9)**

1. Corporation Name

NORGE'S 99 CENT PLUS STORE INC.

Principal Place of Business	Mailing Address
6500 WEST 7TH AVE. #37 HIALEAH FL 33012	6500 WEST 7TH AVE. #37 HIALEAH FL 33012

2. Principal Place of Business	2a. Mailing Address
21 6500 W. 4th Ave	26 6500 W. 4th Ave
22 Suite, Apt. #, etc. #37	27 Suite, Apt. #, etc. #37
23 City & State Hialeah Fl	28 City & State Hialeah Fl
24 Zip 33012 — 25 Country	29 Zip 33012 — 30 Country

3. Date Incorporated or Qualified: **02/01/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0572099** — ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

PEREX, OLGA
6500 WEST 7TH AVE #37
#37
HIALEAH FL 33012

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 Section 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, OLGA 6500 WEST 7TH AVE. #37 HIALEAH FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP PEREZ, REDIN 6500 West 4th Ave #37 Hialeah Fl ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T PEREZ, LAZARO 6500 West 4th Ave #37 Hialeah Fl ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(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: X Olga Perez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30 - 1996 — DATE

(305) 8194401 — TELEPHONE NUMBER

CR2E034 (12/95)