FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00

May 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P94000014468 (0) Fior'd 99 Cents Plus Store, Inc. Principal Place of Business Mailing Address 8150 S.W. 8th St. 8150 S.W. 8th St. DO NOT WRITE IN THIS SPACE Store 113 Store 113 3. Date Incorporated or Qualified Miami, FL 33144 Miami, FL 331 02/22/94 4. FEI Number 65-0468725 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. 5. Certificate of Status Desired \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) Taveras, Fior 83 8150 S.W. 8th st., Store 113 City Zip Code Pursuant to the provisions of Sections 507 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 807.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (10/97) TITLE D/P DELETE 1.1 TITLE Change Addition NAME Taveras, Pedro 1.2 NAME STREET ADDRESS 1035 S.W. 62nd Ave. 1.3 STREET ADDRESS Miami, FL 33144 CITY - ST - ZIP 1.4 CITY - ST - ZIP D/S/T TITLE DELETE 2.1 TITLE Change Taveras, Fior 2.2 NAME NAME 1035 S.W. 62nd Ave. Miami, FL 33144 STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Chance Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE TITLE Change 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE NAME 6.2 NAME -05/26/98--01007---028 STREET ADDRESS **6.3 STREET ADDRESS** ***150.00 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. Thereby 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 acquait 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 th changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

#-21-91 (305) 267-5276
Date Daytime Phone #