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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
MAR
FILED

95 MAR 31 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032298 (9)**

1. Corporate Name
**LUCKY DOLLAR, INC.**

Principal Place of Business
**75 S.W. 116TH AVENUE**
**MIAMI FL 33174**

Mailing Address
**75 S.W. 116TH AVENUE**
**MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt #, etc. — 22

Suite, Apt #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 65-0486131 — 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 submitted for interpretation tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, JORGE**
**75 S.W. 116TH AVENUE**
**MIAMI FL 33174**

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 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 | PD |
| NAME | GARCIA, JORGE |
| STREET ADDRESS | 75 S.W. 116TH AVE. |
| CITY ST ZIP | MIAMI FL 33174 |
| TITLE | SD |
| NAME | GARCIA, AIDA |
| STREET ADDRESS | 75 S.W. 116TH AVE. |
| CITY ST ZIP | MIAMI FL 33174 |
| TITLE | TD |
| NAME | DE LEON, IVETTE |
| STREET ADDRESS | 75 S.W. 116TH AVE. |
| CITY ST ZIP | MIAMI FL 33174 |
| 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

| | |
|---|---|
| 1 TITLE | ☐ Change ☐ Addition |
| 1 NAME | |
| 1 STREET ADDRESS | |
| 1 CITY ST ZIP | |
| 2 TITLE | ☐ Change ☐ Addition |
| 2 NAME | |
| 2 STREET ADDRESS | |
| 2 CITY ST ZIP | |
| 3 TITLE | ☐ Change ☐ Addition |
| 3 NAME | |
| 3 STREET ADDRESS | |
| 3 CITY ST ZIP | |
| 4 TITLE | ☐ Change ☐ Addition |
| 4 NAME | |
| 4 STREET ADDRESS | |
| 4 CITY ST ZIP | |
| 5 TITLE | ☐ Change ☐ Addition |
| 5 NAME | |
| 5 STREET ADDRESS | |
| 5 CITY ST ZIP | |
| 6 TITLE | ☐ Change ☐ Addition |
| 6 NAME | |
| 6 STREET ADDRESS | |
| 6 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)(i), Florida Statutes. I further certify that the information indicated on the 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 is on an attachment with an address.

**SIGNATURE:** X Jorge Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/95
Date

(305) 554-1166
Daytime Phone #

0189200 CP