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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90009 004 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032298

1. Corporation Name
LUCKY DOLLAR, INC.

Principal Place of Business

**10930 W FLAGLER
305
MIAMI FL 33174
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1994

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 owes the current year Intangible
Personal Property Tax.



Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **AIDA GARCIA**

82 Street Address (P.O. Box Number is Not Acceptable)
75 S.W. 116 AVE

83

84

City **MIAMI**

FL

85

Zip Code **33174**

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 *Aida Garcia*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/18/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☒ DELETE
NAME ~~GARCIA, JORGE~~
STREET ADDRESS ~~75 S.W. 116TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE ~~SD~~ ☐ DELETE
NAME ~~GARCIA, AIDA~~
STREET ADDRESS ~~75 S.W. 116TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE ~~TD~~ ☒ DELETE
NAME ~~DE LEON, IVETTE~~
STREET ADDRESS ~~75 S.W. 116TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

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

02/18/99

Date

305-554-1166

Daytime Phone #

CR2E034 (11/98)