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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054032 (5)

1. Corporation Name

99 CENTS PLUS, INC.



Principal Place of Business

Mailing Address

15048 NW 7 AVE
MIAMI FL 33168

15048 NW 7 AVE
MIAMI FL 33168

2. Principal Place of Business

2a. Mailing Address

21 3450 N ANDREWS AVE

26 15048 NW 7 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 OAKLAND PARK FL

28 MIAMI

24 Zip

Country USA

29 FL 33168

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARANIA, MAHMOOD R
19710 NE 10 CT
N MIAMI BEACH FL 33179

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

MAHMOOD CHARANIA

1-23-96

12. OFFICERS AND DIRECTORS

TITLE

D
CHAGANI, FIRDOUS

DELETE

NAME

711 NW 35 AVE

STREET ADDRESS

MIAMI FL 33125

CITY, ST, ZIP

TITLE

D
CHARANIA, MAHMOOD R

DELETE

NAME

19710 NE 10 CT

STREET ADDRESS

N MIAMI BEACH FL 33179

CITY, ST, ZIP

TITLE

D
VALIANI, RAFIK A

DELETE

NAME

19710 NE 10 CT

STREET ADDRESS

N MIAMI BEACH FL 33179

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

MAHMOOD CHARANIA

Date

Daytime Phone #

1-23-96 (305) 681-1945

CR2E034 (12/95)