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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOCOOTEGES

l	Principal Flace of t	-
ļ	1801-A NW 17 AVE	
1	A414441 EL 0040E	

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90039 039 ***150.00

GUADAL	n Name UPE DOLLAR	STORE, IN	IC.									
Principal Place	e of Business		Mailing A	ddress				1,55,55,111,111,111		.,		
1801-A NW 17			1801-A NM									
MIAMI FL 33125	5		MIAMI FL	33125				DO NO	r WRITE IN	THIS SP.	ACE	
								3. Date Incorporated or Qu	alifed			
								10/13/1994				
2. Principal P.	lace of Business		2a. Mailin	g Address				4. FEI Number			Apı	plied For
21			26					65-0528564			No	t Applicable
Suite, Apt.	#, etc			Apt # etc				5. Certificate of Status Des	red 🔲	\$	8.75 A	
22			27					J. Octamente of Cidada Bea			Fee Re	<u></u>
City & State	е		City 8	\$ State				6. Election Campaign Fina	ncing		\$5.00	
23			28				_	Trust Fund Contribution			Added	o Fees
Zip		Country	Zip		Coun	itry		8. This corporation owes the	ne current y			
24	25		29		30			Personal Property Tax.				□No
	9. Name and	Address of Cur	rrent Registered	Agent		81 Na		10. Name and Address of	New Regis	tereu Age		
OL III	NTO, JOSE A					OI Na	me					
						82 Str	eet Addre	ess (P.O. Box Number is Not A	cceptable)			
	I-A NW 17 AVE				}	_						
MA	VII FL 33125				ļ	83						:
					}	84 Cri	γ			FL	5 Zip C	Code
						l						
11. Pursuant	to the provisions	of Sections 607.	0502 and 607.150	8, Florida Statu	tes, the ab	ove-nai	ned corpo	oration submits this statement	for the purp	ose of cha	inging its	registered gistered
office or r	edistered agent in	ir both in the St	0502 and 607.150 ate of Florida. Suc digations of, Section	ch change was a	authorizea	by the c	med corpo corporatio	oration submits this statement on's board of directors. I hereby	for the purp accept the	ose of cha	inging its ent as re	registered gistered
office or r agent. I a	edistered agent in	ir both in the St	ate of Florida. Suc	ch change was a on 607.0505, Flo	authorized orida Statu	by the e tes.	corporatio	on's board of directors. Thereby	, accept the	ose of cha appointm	inging its ent as re	registered gistered
office or r	egistered agent, o im familiar with, ar	or both, in the Stand accept the ob-	ate of Florida, Suc digations of, Section	chichange was a con 607.0505, Flo	euthorized orida Statu Registered (by the e tes.	corporatio	on sippoard of directors. Thereby		ose of cha appointm		giatered
office or r agent. I a SIGNATURE	egistered agent, c m familiar with, ar Stgnature, typed or prin	or both, in the Stand accept the ob-	ate of Florida. Suc digations of, Section	ch change was a con 607.0505, Flo	Registered (by the cites.	corporatio	on's board of directors. Thereby		ose of cha appointm	DIRECTO	RS IN 12
office or r agent. I a SIGNATURE 12.	egistered agent, om familiar with, ar Stgnature, typed or prin	or both, in the Stand accept the ob-	ate of Florida, Suc digations of, Section	chichange was a con 607.0505, Flo	Registered (by the cates. Agent sign.	corporatio	on sippoard of directors. Thereby		ose of cha appointm		giatered
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, om familiar with, ar Stgnature, typed or print PD QUINTO, JOS	or both, in the Strad accept the object of t	ate of Florida, Suc digations of, Section	ch change was a con 607.0505, Flo	Registered i 13. 1 2 NA	by the case of the signal sign	лые сединей	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO	RS IN 12
office or r agent. I a SIGNATURE 12.	egistered agent, om familiar with, an stgnature, typed or print PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505, Flo	E Registered : 13. :11TIT	by the case of the superior su	лые сединей	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, om familiar with, ar Stgnature, typed or print PD QUINTO, JOS	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505. Fix S	E Registered 3 13. 11 TITI 12 NA 13 STF	EREET ADDI	лые сединей	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, om familiar with, an stgnature, typed or print PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505, Flo	E Registered : 13. 11TITI 12 NAF 13 STF 14 CIT 21 TITI	Dy the G tes. LE ME REET ADDI Y-ST-7IP	лые сединей	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, om familiar with, an stgnature, typed or print PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505. Fix S	13. : 1 TITI 12 NAI 13 STF 14 CIT 22 NAI	Dy the of test. Agent sign. E REET ADDI Y-ST-ZIP LE	Time required	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505. Fix S	E Registered 2 13. 11TH 12 NAM 13 STF 14 CIT 21 TITI 22 NAM 23 STF	Dy the of tes. LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI REET ADDI REET ADDI REET ADDI	Time required	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	Chichange Was a con 607.0505, Fix Section 1907 S	E Requirered : 13. 11 TITI 12 NAV 13 STF 14 CIT 21 TITI 22 NAV 23 STF 24 CIT	Dy the cites. E. ME. REET ADDI Y-ST-ZIP LE ME. REET ADDI TY-ST-ZIP TY-ST-ZIP	Time required	on sippoard of directors. Thereby		ose of chappointm	DIRECTO Change	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	ch change was a con 607.0505. Fix S	E Registered : 13. :11T/II 12 NA/ 13 STF 14 CIT 22 NA/ 23 STF 24 CIT 31 TITI	Dy the cites. E ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE	Time required	on sippoard of directors. Thereby		ose of chappointm	DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	Chichange Was a con 607.0505, Fix Section 1907 S	### Registered / 13. ### 13 STF	Dy the of tess. E ME REET ADDI Y-ST-ZIP LE ME REET ADDI TY-ST-ZIP LE ME	THE SESS	on sippoard of directors. Thereby		ose of chappointm	DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE TADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	Chichange Was a con 607.0505, Fix Section 1907 S	E Registered / 13. 11 TITI 12 NAI 13 STF 24 CIT 32 NAI 33 STF	Dy the of tess. E ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI REET ADDI REET ADDI	THE SESS	on sippoard of directors. Thereby		ose of chappointm	DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE	E Requiremi / 13. 11 1171 12 NAI 13 STF 24 CIT 31 TITI 22 NAI 33 STF 34 CIT 34 CIT	Dy the cities. LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE ME	THE SESS	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	Chichange Was a con 607.0505, Fix Section 1907 S	### A CIT TITE ### A	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI TY-ST-ZIP LE ME REET ADDI TY-ST-ZIP LE	THE SESS	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE	### A CIT THE PROPERTY OF THE	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE MIE REET ADDI Y-ST-ZIP LE MIE ME	RESS	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE	### A CIT ### A STEEL ### A ST	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE ME REET ADDI RY-ST-ZIP LE ME REET ADDI RET REET ADDI RET REET ADDI RET	RESS	on sippoard of directors. Thereby		ose of cha appointm	DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE	### A CIT	Dy the cites. LE ME REET ADDI Y-ST-ZIP REET ADDI Y-ST-ZIP	RESS	on sippoard of directors. Thereby		ose of cheappointm	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUINTO, JOS 1801-A NW 1 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE	### A CIT THE PROPERTY ### A CIT A CIT ### A CIT A CIT ### A CIT	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME	RESS	on sippoard of directors. Thereby		ose of cheappointm	DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE	### A CIT ### A	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME ME REET ADDI HE ME	RESS RESS	on sippoard of directors. Thereby		ose of cheappointm	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE	### A CIT A CIT ### A CIT	Dy the cites. LE ME REET ADDI TY-ST-ZIP	RESS RESS	on sippoard of directors. Thereby		ose of cheappointm	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE DELETE	### A CIT 1 TIT ### A CIT 1 TIT ### A CIT 2 TIT ### A CIT 3 TIT ### A CIT 3 TIT ### A CIT 4 TIT ### A CIT 4 TIT ### A CIT 5 TIT ### A CIT	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME	RESS RESS	on sippoard of directors. Thereby		ose of che appointm	OIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE	### A CIT 1 TITE ### A CIT 1 TITE ### A CIT 2 TITE ### A CIT 3 TITE ### A CIT 3 TITE ### A CIT 4 TITE ### A CIT 4 TITE ### A CIT 5 TITE	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME	RESS RESS	on sippoard of directors. Thereby		ose of che appointm	DIRECTO Change Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTO, JOS 1801-A NW 1	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE DELETE	### A CIT THE PROPERTY ##	Dy the of test. LE ME REET ADDI Y-ST-ZIP LE ME	RESS RESS	on sippoard of directors. Thereby		ose of che appointm	OIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUINTO, JOS 1801-A NW 11 MIAMI FL 331	or both, in the St. ad accept the ob med name of registered OFFICERS E A 7 AVE	ate of Florida, Suc digations of, Section	DELETE DELETE DELETE	E Requiremed 4 1 13. 1 1 1 1 1 1 1 2 NAM 1 3 STF 1 4 CIT 2 1 1 1 1 1 1 1 2 NAM 2 3 STF 2 4 CIT 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dy the cites. LE ME REET ADDI Y-ST-ZIP LE ME	RESS RESS	on sippoard of directors. Thereby		ose of che appointm	OIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition

indicated on this annual report or supplemental annual report is true and appears in different part of the corporation of the corporation of the receiver of the corporation of the receiver of the true 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 of the receiver of trystee 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR