FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000080069 (5)**

1. Corporation Name
HEADQUARTER 99 CENTS STORE, INC.

Principal Place of Business
707 N.W. 119TH ST.
MIAMI FL 33168

Mailing Address
707 N.W. 119TH ST.
MIAMI FL 33168

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0528369 — [ ] 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 liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
State Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1600 NE 135 st
Suite Apt. #, etc. 27 910.
City & State 28 MIAMI FLORIDA
Zip 29 33181 Country 30 DADE

9. Name and Address of Current Registered Agent
CHARANIA, AZIZ A
1600 N.E. 135TH STREET
910
N. MIAMI FL 33181

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

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	PD [ ] DELETE	[ ] DELETE	[ ] DELETE	[ ] DELETE	[ ] DELETE	[ ] DELETE
NAME	CHARANIA, AZIZ A					
STREET ADDRESS	1600 N.E. 135TH STREET, # 910					
CITY-ST-ZIP	N. MIAMI FL 33181					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	1	2	3	4	5	6
TITLE	[ ] Change [ ] Addition	[ ] Change [ ] Addition	[ ] Change [ ] Addition	[ ] Change [ ] Addition	[ ] Change [ ] Addition	[ ] Change [ ] Addition
NAME						
STREET ADDRESS						
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)(x), 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: [signature] 3-5-95 (305) 687-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)