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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024248 (3)

FAIR PRICE PROPERTIES, INC.

Principal Place of Business

7525-7547 W. 24TH AVE. HIALEAH FL 33016

2. Principal Place of Business

SIGNATURE:

21

Mailing Address

2a. Mailing Address

195 S.W. 166 AVE. PEMBROKE PINES FL 33027

FILED

Jan 16 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified 03/27/1995

65-0579847

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	\vdash	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent	
MARTINEZ, CARLOS				81	Name		
195 SW 166 AVE.				82	Street A	Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33027							
				83			
				84	City	■■ 85 Zip Code	
				<u> i</u>			
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	PT OFFICERS AND I	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	MARTINEZ, CARLOS	☐ DELETE	1,1 T		1	☐ Change ☐ Addition	
NAME	195 S.W. 166TH AVE.		1.2 N				
STREET ADDRESS	PEMBROKE PINES FL 33027		- 8		ADDRESS		
CITY-ST-ZIP	VPS	I BELGE		TY-ST	-ZIP		
TITLE	MARTINEZ, LORRAINE	L DELETE	2.1 ∏			L Change L Addition	
NAME	195 S.W. 166TH AVE.		2.2 N/				
STREET ADDRESS	PEMBROKE PINES FL 33027				ADDRESS		
CITY-ST-ZIP	TEMORORE FINES TE 33027	Cara		ITY-ST	I-ZIP		
···-		LI DELETE	3.1 11		ĺ	☐ Change ☐ Addition	
NAME			3.2 NA				
STREET ADDRESS			•		NODRESS		
CITY-ST-ZIP TITLE		DELETE		MY-ST	r-ZIP		
1		T DETERE	4.1 TT			Change L. Addition	
NAME			4.2 N				
STREET ADDRESS			4.3 ST	REET A	DORESS		
CITY-ST-ZIP		The contract		TY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TD			Change Addition	
NAME			5.2 NA				
STREET ADORESS			5.3 ST	REET A	DORESS		
CITY-ST-ZIP		——————————————————————————————————————		ry-st-	-ZiP		
TITLE		☐ DELETE	6.1 TIT			Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	DDRES\$		
CITY-ST-ZIP	artifus that the information of the	Nata diba a da a da a da a da a da a da a d	6.4 CII	Y-ST-	ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							