

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000020227 (0)**

1. Corporation Name

THE DOLLAR STORE OF 163RD STREET, INC.



Principal Place of Business 5445 NORTHWEST 164TH STREET MIAMI LAKES FL 33014	Mailing Address 5445 NORTHWEST 164TH STREET MIAMI LAKES FL 33014
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3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1206 N.E. 163RD STREET Suite, Apt. #, etc. 22 # 2024 City & State 23 NORTH MIAMI BEACH FL Zip 24 33162 Country 25 DADE	2a. Mailing Address 26 5445 N.W. 161ST STREET Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 65-0652513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEVINSON, EDWARD E.
407 LINCOLN ROAD
PENTHOUSE EAST
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name SHERI GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable) 5445 N.W. 161ST STREET
83
84 City MIAMI FL 85 Zip Code 33181

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

Sheri Goldman
Signature and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE 5445 N.W. 161ST STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDMAN, MARTIN		1.2 NAME	
STREET ADDRESS 5445 NORTHWEST 164TH STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI LAKES FL 33014		1.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE 5445 N.W. 161ST STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HABER, KENNETH		2.2 NAME	
STREET ADDRESS 5445 NORTHWEST 164TH STREET		2.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI LAKES FL 33014		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE 5445 N.W. 161ST STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDMAN, SHERI		3.2 NAME	
STREET ADDRESS 5445 NORTHWEST 164TH STREET		3.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI LAKES FL 33014		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Sheri Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0516887

4/24/97 305-621-4466

CR2E034 (9/96)