

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042681 (2)**

1. Corporation Name

**THE DOLLAR STORE AT MALL OF AMERICAS, INC.**



Principal Place of Business <b>5445 NORTHWEST 161ST STREET MIAMI LAKES FL 33014</b>	Mailing Address <b>5445 NORTHWEST 161ST STREET MIAMI LAKES FL 33014-6124</b>
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2. Principal Place of Business 21 <b>7795 WEST FLAWLER STREET</b>		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>05/20/1996</b>	3a. Date of Last Report
22 City & State <b>MIAMI FL</b>		27 City & State		4. FEI Number <b>65-0667473</b>	Applied For Not Applicable
23 Zip <b>33144</b>		28 Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33144</b>		25 <b>DADE</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
26 <b>33144</b>		27 <b>DADE</b>		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 <b>LEVINSON, EDWARD E. 407 LINCOLN ROAD NW SE MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent 81 Name <b>SHERI GOLDMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>SHS N.W. 161ST STREET</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33014</b>	
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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* DATE **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GOLDMAN, MARTIN</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5445 NORTHWEST 161ST STREET</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI LAKES FL 33014</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <b>HABER, KENNETH</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5445 NORTHWEST 161ST STREET</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI LAKES FL 33014</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST <b>GOLDMAN, SHERI</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5445 NORTHWEST 161ST STREET</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI LAKES FL 33014</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0120510

CR2E034 (9/96)