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 # P96000042681 (2)

THE DOLLAR STORE AT MALL OF AMERICAS, INC.

FILED Apr 29 1998 8:00am Secretary of State

|--|--|

| Principal Place of Business Mailing Address | | | | | | | |
|--|--|----------------------|---|----------------------------|---|-------------|---|
| · | | | | | | | |
| 7795 W FLAGLER ST 5445 NORTHWEST 161ST STREET MIAMI LAKES FL 33014 | | | | | | | |
| MIAMI FL 33144 | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | | | | | | 3. Date Incorporated or Qualified |
| Bississt Dis | and Duvines | T | C A dal- | | | | 05/20/1996 |
| — | ice of Business | — `` | ling Address | | | | 4. FEI Number Applied For |
| 21 Suite, Apt. # | ole | 26 Suit | o Ant # etc | | | | 65-0667473 Not Applicable |
| | , BIG. | <u> </u> | Suite, Apt. #, etc Ti | | | | 5. Certificate of Status Desired S8.75 Additional Fee Regulred |
| City & State | | | City & State | | | | |
| | | 28 | · 1 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Country | | | 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 Curre | | Agent | 11 | | | 10. Name and Address of New Registered Agent |
| 90 | LDMAN, SHERI | | | | 81 | Name | |
| | 5 NW 181ST STREET | | | | 60 Charat Address (D.O. Bar Marrier in Mat Accompability) | | |
| | MI FL 33014 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | 1 & 00017 | | | | 83 | | |
| | | | | | | | 10-1 7-0 1 |
| | | | | | 84 | City | FL 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 607.050 | 2 and 607.15 | 08, Florida Statu | tes, the a | bove | -namec | d corporation submits this statement for the purpose of changing its registered |
| office or re- | gistered agent, or both, in the State i familiar with, and accept the oblig | of Florida Si | uch change was | authorize Iorida Sta | d by | the cor | rporation's board of directors. I hereby accept the appointment as registered |
| • | Turnia with and according | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | o, no a ora | | | |
| SIGNATURE 5 | fgrature, typed or printed name of registined ag- | of and tile it apple | icable (NO | TE Registere | ed Age | nt signatur | re required when reinstating) DATE |
| 12. | OFFICERS AN | D DIRECTOR | IS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | ☐ DELETE | 1.1 T | ITLE | | Change Addition |
| NAME | goldman, Martin | | | 1.2 N | AME | | |
| STREET ADDRESS | STREET ADDRESS 5445 NORTHWEST 161ST STREET 13 | | 1.3 S | TREET | ADDRESS | ; | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | | | 1.4 0 | ITY - S | I-ZIP | |
| TITLE | VO | | DELETE | 2.1 T | ITLE | | ☐ Change ☐ Addition |
| NAME | Haber, Kenneth | | | 2.2 N | IAME | | |
| STREET ADDRESS | 5445 NORTHWEST 161ST S | TREET | | 2.3 S | TREET | AOORESS | |
| CITY-ST-ZW | MIAMI LAKES FL 33014 | | | 2.40 | CITY - S | iT-ZIP | : , |
| TITLE | ST | | ☐ DELETE | 311 | ITLE | | ☐ Change ☐ Addition |
| NAME | Goldman, Sheri | | | 3.2 N | IAME | | |
| STREET ADDRESS | 5445 NORTHWEST 161ST S | TREET | | 338 | TREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | | | 3 4. 0 | CITY-S | T-ZIP | |
| TITLE | | | DELETE | 4.1 T | ITLE | | Change Addition |
| NAME | | | | 4. 2 1 | NAME | | |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | 4.4 0 | aTY-S | 1-ZIP | |
| TITLE | | | DELETE | 5.1 T | ITLE | | Change Addition |
| NAME | | | | 5.2 N | IAME | | |
| STREET ADDRESS | | | | 5.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | 5.40 | ITY-S | I - ZIP | |
| TITLE | | | ☐ DELETE | 6.1 T | ITLE | | ☐ Change ☐ Addition |
| RAME | | | | 6.2 N | IAME | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | | ITY-S | | |
| | irtify that the information supplied w | ith this filing | does not qualify | for the ex | empl | ion stat | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information |

4. 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 informatic indicated on this annual report by 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 optionation or the receipter 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 for on an attrictment with an address.

SIGNATURE.

305.621.4466