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

Mailing Address

MIAMI LAKES FL 33014

5445 NORTHWEST 161ST STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000042681**1. Corporation Name

Principal Place of Business

7795 W FLAGLER ST

THE DOLLAR STORE AT MALL OF AMERICAS, INC.

#09 MIAMI FL 33144		MINMI CARCO I C 00014					DO NOT WRI	TE IN THIS	SPACE	
US						3.	Date Incorporated or Qualifed 05/20/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number			pplied For
21		26					65-0667473	<u> </u>		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_			5.	Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Current		10	1		10.	Name and Address of New F	Registered A	gent	
	3. Name the Addition			81	Name				•	
GOLDMAN, SHERI										
5445 NW 161ST STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33014				83						
									, , , , , , , , , , , , , , , , , , ,	
				84	City		•	EI	85 Zip	Code
	o the provisions of Sections 607.0502	COT 1500 Florida Statuta	- the of	houp	nomad c	comoratio	n cubmits this statement for the	numose of	changing if	s registered
office or re	enistered agent or both in the State (nt Florida. Such change was au	thonzec	ז עס נר	ne corpo	pration's b	oard of directors. I hereby accep	ot the appoin	tment as	egistered
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Stati	utes.						
SIGNATURE										
	Signature, typed or printed name of registered agent		<u> </u>	Agent s	signature re	nedw beniups		DATE	D DIRECT	ODC IN 12
12.	OFFICERS AN		13.		1		ADDITIONS/CHANGES TO OF	FICERS AN	Change	
TITLE	_			1.1 TITLE P		PRESI	LARCO		Почана	Addition
NAME	GOLDMAN, MARTIN			AME		<u> </u>	nneth HABER STR			
STREET ADDRESS				1.3 STREET ADDRESS 5		5445	7W 1012			
CITY-ST-ZIP	MIAMI LAKES FL 33014			1,4 CITY-ST-ZIP		lM)Ar	ni 14. 20017_			
TITLE	VD DELETE			2.1 TTLE V		VICE	PRESIDENT		☐ Change	Addition
NAME	Haber, Kenneth		2.2 NA	AME.	- 1	MARTI	N BOLDMAN			
STREET ADDRESS	ET ADDRESS 5445 NORTHWEST 161ST STREET			2.3 STREET ADDRESS		5445	NW IBIST STR			
CITY-ST-ZIP	MIAMI LAKES FL 33014			2.4 CITY-ST-ZIP		Miam	1 12 33014			<u>- : : : : : : : : : : : : : : : : : : :</u>
TITLE	ST □ DELETE			3.1 TITLE					Change Change	Addition
NAME	GOLDMAN, SHERI		3.2 N	AME						
STREET ADDRESS	5445 NORTHWEST 161ST STR	EET	3.3 ST	TREET A	DDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4. C	ITY-ST-	-ZIP					
TITLE	DELETE			4 1 TITLE					Change	Addition
NAME			4. 2 N	AME	Ì					
STREET ADDRESS			4.3 \$	TREET A	ADDRESS					
1			4	TY-ST-						
TITLE		☐ DELETÉ	5.1 TI			L			☐ Change	Addition
NAME			5.2 N	AME	1					
}			5.3 ST	TREET	ADDRESS					
STREET ADDRESS			5.4 CI	TY-ST-	.ZIP					
CITY-ST-ZIP TITLE		DELETE	6.1 TI						☐ Change	Addition
,		<u> </u>	6.2 N	AME	l				_	
NAME			,		ADDRESS	}				
STREET ADDRÉSS				TY-ST-						
CITY-ST-ZIP	ertify that the information supplied with	th this filing does not qualify for	the exe	mntin	n stated	in Section	n 119.07(3)(i) Florida Statutes	I further ceri	tify that the	information
indicated of	ertify that the information supplied wi on this annual report or supplemental director of the collocation or the recei or Block 13 if changed, or on an attac	annual report is true and accur iver or trustee empowered to ex	ate and ecute ti	i that i his rei	my signa port as n	ature snai required b	ii nave ine same lenai etieci as i	i made unde	er caun, una	u i ami ani

SIGNATURE:

SEQUIRED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90133 025 ***150.00