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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700009717 (4)

THE DOLLAR STORE AT DOWNTOWN MIAMI, INC.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Addres		Mailing Address		- 1 1001/1004 170 40141 40011 40111 00111 00111 00111 00111 00111 10114 10001 17101 1011 101	
SAAS NORTHWEST 161ST STREET -MANI-FL 33014		5445 NORTHWEST 161ST STREET MIAMI FL 33014		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	10 St AOL
				01/31/1997	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 60 S	E. IST STREET	26		65-0724729	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	mi Fe.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 331			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					
LEVINGON, EDWARD E. 81 Name				HERI COUDMAN	
-407 LINCOLN ROAD			82 Street Address (P.O. Box Nymber is Not Acceptable)		
			<u> </u>	45 N.W. 161ST STRE	PET
-846	AMI BEACH FL 33139		83		
			84 City A		85 Zip Code
	-] ' '	I AMI F	L 330(4
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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment of the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent.					
SIGNATURE NEW COCOMO					
SIGNATURE	Signature, typed or printed name of registered ages	il and life if applicable (NOTE:	Registered Agent signature requir		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
HAME	GOLDMAN, MARTIN		1,2 NAME		
STREET ADDRESS	5445 NORTHWEST 161ST ST	REET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33014		1.4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HABER, KENNETH		22 NAME		
STREET ADDRESS	5445 NORTHWEST 161ST ST	REET	2.3 STREET AOORESS		
CITY-ST-ZIP	MIAMI FL 33014		2 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	ST CONTROL	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, SHERRI		3.2 NAME		<u> </u>
STREET ADDRESS	5445 NORTHWEST 161ST ST	REET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAM FL 33014		3.4. CITY-ST-ZIP	11141	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		···	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information or applied and	Last entre	6.4 CITY-ST-ZIP	0-6-140 07/07/2 51:14:01	

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 supplimental 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 coperation or the receiption 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 changes, or on an attachment with an address.

SIGNATURE

heir Godman

4/23/98

305-621-4466