PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036852

1. Corporation Name

AUXILIADORA DOS DOLLAR STORE, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90097 012 ***150.00

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Principal Place	of Business	Mailing Address					
6328 JOHNSON STREET 6328 JOHNSON STREET							
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed		
					04/24/1997		
6 D : D		2a. Mailing Address			4. FEI Number	Τ.Δ	applied For
_ / ^ ^	lace of Business Johnson Street	-, .*			65-0769312		lot Applicable
21 695		Suite, Apt. #, etc.			03 07093 12		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required ======
City & State		City & State			6. Election Campaign Financing		May Be
City & State City & State City & State City & State 23					Trust Fund Contribution		to Fees
	Country	Z ip (Country 8. This corporation owes the current year Intangible				
- 1 2 and - On Anna			Personal Property Tax.			□No	
24 3 3	9. Name and Address of Current R		T		10. Name and Address of New Registered A	gent	
	or traine and Address or our owner.	29.0	81	Name			
VEN	EGAS. MARIA						
	JOHNSON STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		Ì
	LYWOOD FL 33024		83				
			· [1]				
			84	City	FI	85 Zip	Code
44 5		-1 CO7 1500 Florido Ptotodos 45		and anna	pration submits this statement for the purpose of c	hanging if	s registered
office or n	egistered agent, or both, in the State of F	Florida. Such change was author	ized by	the corporatio	n's board of directors. I hereby accept the appoint	iment as r	egistered
agent. I a	m familiar with, and accept the obligation	s of, Section 607.0505, Florida S	Statutes.				
SIGNATURE		ANOTE D		t signature required	i when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and OFFICERS AND E		13.	r signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	DPST		I,1 TITLE		7,001110110707111020110	Change	
	VENEGAS, MARIA		.2 NAME			- , ,	_
NAME	6328 JOHNSON STREET	1	1,3 STREET	ADDDECC 6	331 Johnson Street		1
STREET ADDRESS	HOLLYWOOD FL 33024			ADDRESS A	331 Johnson Street belywood - FL 33024		
CITY-ST-ZIP	HULLIWOOD FL 33024		1.4 CITY-ST 2.1 TITLE	-217	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	,	_	2.2 NAME				_
NAME			2.3 STREET	ADDRESS		_	
_STREET ADDRESS	ه ۱۰۰۰ مینانسیدیه لایشنای کایه باید شنیسید	. • • • • • • • • • • • • • • • • • • •				**	
CITY-ST-ZIP	*,		2, 4 CITY-S 3,1 TITLE	1-217		Change	Addition
TITLE	·	_	3.2 NAME				
NAME	· 3	1		ADODECE			
STREET ADDRESS			3,3 STREET				
CITY-ST-ZIP			3,4. CITY-S 4,1 TITLE	1-2119		☐ Change	Addition
TITLE			4, 2 NAME				_
NAME	,	_·		ADDRESS			
STREET ADDRESS		• •	4.3 STREET	1			
CITY-ST-ZIP			1.4 CITY-ST 5.1 TITLE:	- 219		Change	Addition
TITLE	*		5.2 NAME			_ +90	
NAME			5.3 STREET	ADDDESS			
STREET ADDRESS				1			ł
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5,4 CITY-ST 6.1 TITLE	-211	*****	☐ Change	Addition
T/TLE :	CALLED HIR RUME.					change	
NAME (1)	alementales	•	5.2 NAME	4000000			1
STREET ADDRESS	The total of the		5.3 STREET	4			
CITY-ST-ZIP			5.4 CITY-\$1	-ZIP			

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 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, with all other like empowered.

SIGNATURE: 🕸

eze required AME OF SIGNING OFFICER OR DIRECTOR

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