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

PROFIT CORPORATION ANNUAL REPORT

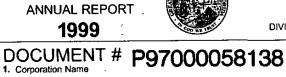


FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

1999



A.M.A. 99 CENTS DISCOUNT DISTRIBUTOR CORP.

DIVISION OF CORPORATIONS					
138	<del> </del>				

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 008 \*\*\*150.00



•					
Principal Place	e of Business	Mailing Address	<u> </u>	- t (801)881 (10 1811) 1881) 8811 88111 88111 88111 88161 81111 18161 11818 1181	1911 1881
1917 NW 21 ST	REET	4338 SW 8 ST			
MIAMI FL 33142		MIAMI FL 33134		DO NOT WEITE IN THE SPACE	
	•			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
	•			07/02/1997 4. FEI Number Applied	1 Eor
2. Principal Pla	ace of Business	2a. Mailing Address		1	plicable
21		26		65-0764470   Not Ap	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Require	
22		27 City & State	<del></del>		
City & State	e ,	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fe	
23 Zin	Country	Zip	Country	8. This corporation owes the current year Intaggiele	
Zip		29 30	J 04/14/	Personal Property Tax.	No
24	9. Name and Address of Curre		1	10. Name and Address of New Registered Agent	
	J. Mante and Address of Same		81 Name		
PERF	ez, maritza			(DO DO No. 1) No. 1 Acres Arthrey	
	NW 21 STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	/II FL 33142		83		
,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			84 City	FL 85 Zip Code	e
44 Durayant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes It	e above-named corp	oration submits this statement for the purpose of changing its regi	istered
-65	adiatored exect or both in the Stat	e of Florida. Suich change was allthol	izen ov ine corbolalic	on's board of directors. I hereby accept the appointment as registe	ered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	part and title if applicable (NOTF: Regis	tered Agent signature required	d when reinstating) DATE	— i
12.		<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	P/D		.1 TITLE	☐ Change	
NAME	PEREZ, MARITZA		.2 NAME		ĺ
	1917 NW 21 STREET		.3 STREET ADDRESS		1
STREET ADDRESS	MIAMI FL 33142		i.4 CITY-ST-ZIP		
CITY+ST-ZIP TITLE	MIAMI FE 33142		2.1 TITLE	Change [	Addition
NAME		_	2.2 NAME		
			2.3 STREET ADDRESS		7
STREET ADDRESS			2. 4 CITY-ST-ZIP		Ì
CITY-ST-ZIP	and the second of the second		3.1 TITLE	☐ Change	Addition
			3.2 NAME	•	
NAME STREET ADDRESS			3.3 STREET ADDRESS		
STREET ADDRESS	•		3.4, CITY-ST-ZIP		
CITY-ST-ZIP TITLE			4,1 TITLE	☐ Change	Addition
	2 8 18 %		4, 2 NAME		
NAME			4.3 STREET ADDRESS		-
STREET ADDRESS	•		4.4 CITY-ST-ZIP		İ
CITY-ST-ZIP			5.1 TITLE	☐ Change [	Addition
TITLE			5.2 NAME		Į
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
			3.4 GH 1-31-ZIF		
CITY-ST-ZIP			6.1 TITLE	☐ Change	Addition
TITLE	:	☐ DELETE		☐ Change [	Addition
		☐ DELETE	6.1 TITLE	☐ Change [	Addition

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental a linear equal to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the sective or or the secure 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 attacking on the secure with an other like employees.

SIGNATURE: