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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	RATA DOLLAR STORE, INC.			
Principal Place of Business Mailing Address		Mailing Address		. ******** *** ***** ***** ***** ***** ****
1987 S.W. BTH STREET		1987 S.W. 8TH STREET		
MIAMI FL 33135		MIAMI FL 33135		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
				09/02/1997
2, Principal Place of Business 2a, Mailing Address		2a, Mailing Address		4. FEI Number I Applied For
21		26		65-0777962 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		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the current year Intangible
25 29 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. 24 Yes No 10. Name and Address of New Registered Agent
CANUT, GABRIEL				
13261 S.W. 17 LANE #3 MIAMI FL 33175		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
· WIP	7011 1 E 00110		83	
			84 City	FL 85 Zip Code
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 registere				
office or registered agent, or both, in the State of Floridal 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 obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	and the state of t		ida biwiolog.	
Signature, typed or printed harne of registered agent and title 4 applicable (NOTE			Registered Agent signature requi	red when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TALE	OP OANUT OADDE	[_] DELETE	1.1 TITLE	LJ Change Addition
NAME	CANUT, GABRIEL		1.2 NAME	
STREET ADDRESS	13261 S.W. 17 LANE #3		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	DELETÉ	1.4 CITY - ST - ZIP	Change Addition
TITLE	DS Canut, Sonia	LJ ULLEIE	2.1 TITLE	Li cliange Ci Addition
NAME CORES ADDRESS	18261 S.W. 17 LANE #3		2.2 NAME	
STREET ADDRESS	13261 5.17. 17 LAINE #3 MIAMI FL 33175		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	INFART I C COTTO	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		La section	3.2 NAME	- Stange - Marketin
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
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		DELET E	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
· TITLE		☐ DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	ļ
STREET ADDRESS			6.3 STREET ADDRESS	

CITY-ST-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 trusted 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.