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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
DOLLAR STORE ON



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700088920 (8)

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Busin	RE ON WASHINGTO	N AVENUE, INC. Mailing Address			
-6445-N.W. 1018T-STREET MIAMI-FL-00014		5445 N.W. 1618T STREET MIAMI FL 33014		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				10/14/1997	
2. Principal Place of Bu		2a. Mailing Address		4, FEI Number	Applied For
27 1421 MRW	LINGTON AVENUE	26		(65-078 ¹ 883	Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City I State	<i>x</i>	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI BOA	ch K	28			Added to Fees
Zip	Country A	Zip	Country	8. This corporation owes or has paid	the current year Intangible
Zip 24 33139	25 U.S.H.		30	Personal Property Tax due June 30	
3, 112.	me and Address of Curren	t Registered Agent	B4 Nama	10. Name and Address of New Regis	atered Agent
GOLDMAN			81 Name		
	161ST STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable))
MIAMI FL 3	33014				
			83		
			84 City		B5 Zip Code
			1		FL FL FL FL FL FL FL FL
11. Pursuant to the pro	visions of Sections 607.050 agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corporate	poration submits this statement for the purtion's board of directors. I hereby accept t	pose of changing its registere
 Pursuant to the pro office or registered agent. I am familiar 	visions of Sections 607.050 agent, or both, in the State with, and accept the obliga-	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat rida Statutes.	poration submits this statement for the pur tion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE					
SIGNATURE Signature, by	ped or printed hance of registered age	ed and tile dayspicable (NOTE	Registered Agent signature requir	red when reinstaling)	DATE
SIGNATURE Signature, by		ent and filler tapplicable (NOTE D DIRECTORS	Registered Agent signature require		DATE RS AND DIRECTORS IN 12
SIGNATURE SIGNALINE BY	ped or punted name of registerind age OFFICERS AND	ed and tile dayspicable (NOTE	Registered Agent signature requirements 13.	red when reinstaling)	DATE
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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 Statules. 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 control attent 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, ir on an attainment with an address

SIGNATURE:

hui Goddmar

4/21/98

305-621-4466