

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

FILED

Apr 30 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morris
Secretary
DIVISION OF CORPORATIONS



DOCUMENT # 7000102825
Corporation Name
North Miami Thrift Shop Inc.

Principal Place of Business
421 NW 32 ST
Miami, FL 33127

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12-8-97

4. FEI Number

65-0799405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Beatriz Castillo

82. Street Address (P.O. Box Number is Not Acceptable)

421 NW 32 ST

83.

84. City

Miami, FL

FL

85. Zip Code

33127

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Beatriz Castillo

(NOTE: Registered Agent Signature required when resigning)

3/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jeyane Vidal

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

Beatriz Castillo

1.2 NAME

Beatriz Castillo

1.3 STREET ADDRESS

421 NW 32 ST Miami FL 33127

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

300002507843

3.3 STREET ADDRESS

-05/01/98--01067--003

3.4 CITY-ST-ZIP

***115.00

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

300002507843

4.3 STREET ADDRESS

-05/01/98--01067--002

4.4 CITY-ST-ZIP

***35.00

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

Beatriz Castillo

3/27/98 (305) 676-2221

CR2E034 (10/97)