

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000087711**

1. Corporation Name
DOLLAR ONE, INC.

Principal Place of Business
**2320 FORTUNE RD.
KISSIMMEE FL 34744**

Mailing Address
**2320 FORTUNE RD.
KISSIMMEE FL 34744**

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90003 015 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1998

4. FEI Number **59-3531640** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIZARRO, GEORGINA
2320 FORTUNE RD.
KISSIMMEE FL 34744**

81 Name **Gabriela M. Miranda**

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

83 **2320 Fortune Rd**

84 City **Kissimmee** FL 85 Zip Code **34744**

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 **Georgina Pizarro**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MERCADO, GILBERTO**
STREET ADDRESS **1944 BRIDGE VIEW CR.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☒ DELETE
NAME **MERCADO, MARIA L**
STREET ADDRESS **1944 BRIDGE VIEW CR**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☒ DELETE
NAME **PIZARRO, GEORGINA**
STREET ADDRESS **1944 BRIDGE VIEW CR**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition
1.2 NAME **Gabriela M. Miranda**
1.3 STREET ADDRESS **2320 Fortune Rd**
1.4 CITY-ST-ZIP **Kissimmee, Florida 34744**

2.1 TITLE **V/T/S** ☒ Change ☒ Addition
2.2 NAME **MANUEL I MIRANDA**
2.3 STREET ADDRESS **2320 Fortune Rd**
2.4 CITY-ST-ZIP **Kissimmee, Florida 34744**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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: **Georgina Pizarro**

07/09/99 (407) 348-0014

CR2E034 (5/99)