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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03587

(5)

1. Corporation Name
BUY RITE CASH N' CARRY, INC.

Principal Place of Business

SIXTH FLOOR MCCORMICK BUILDING
111 SW THIRD ST
MIAMI FL 33130

Mailing Address

SIXTH FLOOR MCCORMICK BUILDING
111 SW THIRD ST
MIAMI FL 33130-1926

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
02/14/1996

2. Principal Place of Business
21 3501 N.W. 46 ST
Suite, Apt. #, etc.

2a. Mailing Address
26 3501 N.W. 46 ST
Suite, Apt. #, etc.

4. FEI Number
65-0305763

Applied For
Not Applicable

23 City & State
MIAMI FLORIDA

28 City & State
MIAMI FLORIDA

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

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

24 Zip 33142 25 Country USA

29 Zip 33147 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
SIXTH FLOOR MCCORMICK BUILDING
111 SW THIRD ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VILLALBA, NICOLAS	
STREET ADDRESS	3501 N.W. 46 STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VILLALBA, NICOLAS, JR	
STREET ADDRESS	3501 N.W. 46 STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VILLALBA, NEREIDA	
STREET ADDRESS	3501 N.W. 46 STREET	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, ELLIOTT	
STREET ADDRESS	111 SW 3RD ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Mercedes Villalba Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

Daytime Phone #

305
638-4550

CR2E034 (9/96)