

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/02/1992	3a. Date of Last Report 02/14/1996
4. FEI Number 65-0305763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	

21. Principal Place of Business 3501 N.W. 46 ST Suite, Apt. #, etc.	22. Mailing Address 3501 N.W. 46 ST Suite, Apt. #, etc.
23. City & State MIAMI FLORIDA	24. City & State MIAMI FLORIDA
25. Zip 33142	26. Country USA
27. Zip 33147	28. Country USA

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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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: *Merida Villalba Secretary* Date: **2/20/97** Daytime Phone #: **305 638-4550**

CR2E034 (9/96)