

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # **V03587** (5)
1. Corporation Name
BUY RITE CASH N' CARRY, INC. ✓



Principal Place of Business Mailing Address
3501 NW 46TH ST 3501 NW 46TH ST
MIAMI-FL 33142 MIAMI FL 33142
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0305763	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, ELLIOTT SIXTH FLOOR MCCORMICK BUILDING 111 SW THIRD ST MIAMI FL 33130		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	VILLALBA, NICOLAS	1.2 NAME	
STREET ADDRESS	3501 N.W. 46 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	VILLALBA, NICOLAS, JR	2.2 NAME	
STREET ADDRESS	3501 N.W. 46 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	VILLALBA, NEREIDA	3.2 NAME	
STREET ADDRESS	3501 N.W. 46 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HARRIS, ELLIOTT	4.2 NAME	
STREET ADDRESS	111 SW 3RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 1-20-98 305-638-4550

CR2E034 (10/97)