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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40934

(4)

Mailing Address

1427 S.W. 107TH AVE.

DOLLAR BARGAINS INC.

Principal Place of Business

1427 8.W. 107TH AVE.

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	f .
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FILED Apr 29 1997 8:00am Secretary of State

MIAMI FL 8317 US		MIAMI FL 33174-2509 US							
						3. Date Incorporated or Qualified 06/03/1992		te of La	st Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-d	L	Applied For
21		26				65-0335738		<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional
22		[27]						Fe	e Required
City & Stat	θ	City & State			6. Election Campaign Financing \$5.00 May Be				
23	T. Communication	28	-T		·- ·- · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			ded to Fees
Zip	Gountry	Z(p ;		intry		8. This corporation has liability for i			er s. 199.032,
24	25 9. Name and Address of Current	29 Banistered Agent	30			Florida Statutes 53	Yes		
CAL	(RANI, SAEED U	Trogratored Agent		81	Name	10, Name and Address of New No	gistereu	-gent	
	5 N.W. 12TH STREET, #206								
	MI FL 33126			82	Street Add	ress (P.O. Box Number is Not Acceptab	lo)		
MIC	MI FL 33120			83	r				
				84	City			85	Zip Code
11 Durayant	to the provisions of Sections 607 0507	onel 607 1LD9 Clorido Statu	ton the e		nomed one	position a hould this statement for the	FL		
office or r agent. I a	registered agent, or both, in the State in familiar with, and accept the obligations.	of Horida. Such change was tions of, Section <mark>607.0505</mark> , FI	authorize lorida Stat	d by utes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	or the app	changi ointmen	ng ris registered I as registered
SIGNATURE				,-					
12,	Signature, typed or printed name of registered ager OFFICERS AND			d Age	nt signature requi	irco when reinstating)	DATE	DIDEO	TOFIO III 40
TITLE	DPS OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Char	
NAME	SAKRANI, SAEED U.	E_J DICITE	B					Gla	illo TT Monition
STREET ADDRESS	7855 NW 12TH ST #206		1.2 NAME 1.3 STREET A 1.4 CITY-ST		10000000				
	MIAMI FL								
CITY-ST-ZIP	D	DOETHE	2.1 1/		1 - ZIP		······································	Char	nge Addition
NAME	SAKRANI, HUMAIRA S.	C) 14(11)	2.1 N					L_J Ollai	ige [] Addition
STREET ADDRESS	7855 N.W. 12TH STREET. #20	R			ADDRESS				
CITY-ST-ZIP	MIAMI FL	•	1						
TITLE	DV	DELETE	3.1 Tú		1-7IP			☐ Char	nge Addition
NAME	SAKRANI, IRUM		3 2 N					L_ One	rgo [] Notition
STREET ADDRESS	7855 NW 12TH ST #206				ADDRESS				
CITY-ST-ZIP	MIAMI FL				1-ZIP				
TITLE	D	DELETE	4,1 71		11 - £1F			Char	age Addition
NAME	SAKRANI, SAQIB)		4.2 N						igo [
STREET ADDRESS	7855 NW 12TH ST #206				ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CI						
TITLE	D	DELETE	5.1 11		1-21			Char	nge Addition
NAME	SAKRANI, KASHIF		5.2 NAMI		1				-g- Lucinori
STREET ADDRESS	7855 N.W. 12TH STREET, #20	6			ADDRESS				
CITY-ST-ZIP	MIAMI FL	-	5.4 C)		1				
TITLE	D	DELETE	6.1 11		- Alf			☐ Char	ige Addition
NAME	SAKRANI, ATIF	Bana	6.2 N/		1			O-IG	ngo E ridoliloli
STREET ADDRESS	7855 N.W. 12TH STREET, #200	8			ADDRESS				
CITY-ST-ZIP	MIAMI FL	•	64 CI						
V111-01-61F	***************************************		0411	11-9	1-ZII				

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 eath; 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.