

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **457575** (9)

1. Corporation Name
MIAMI DISCOUNT CENTER, INC.



Principal Place of Business: **10 NW 2ND ST. MIAMI FL 33128**
Mailing Address: **10 NW 2ND ST. MIAMI FL 33128**

3. Date Incorporated or Qualified: **08/26/1974**
3a. Date of Last Report: **03/30/1995**
4. FET Number: **59-1555874**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**GORFINKEL, NESTOR B., ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GORFINKEL, JULIUS	
STREET ADDRESS	10 NW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, JOSE	
STREET ADDRESS	10 NW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, CLARA	
STREET ADDRESS	10 NW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORFINKEL, LEON	
STREET ADDRESS	10 NW 2ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAPOZNIK, LAZARO	
STREET ADDRESS	10 NW 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Esther Gorfinkel	
1.3 STREET ADDRESS	10 N.W. 2nd Street	
1.4 CITY-ST-ZIP	Miami, Florida 33128	
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ana Sapoznik	
2.3 STREET ADDRESS	10 N.W. 2nd Street	
2.4 CITY-ST-ZIP	Miami, Florida 33128	
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	20000175211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/21/96--01022--029	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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]* President 2/17/96 (305) 371-3309
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

[Handwritten signature]
3/20/96