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Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90002 036 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 324144

Corporation Name
GIVEAWAY DISCOUNT, INC.

Principal Place of Business

WASHINGTON AVE
MIAMI BCH FL 33139

Mailing Address

1401 WASHINGTON AVE
MIAMI BCH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1967

4. FEI Number

59-1197226

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

PRASCHNIK, BERNARDO
4746 ALTON ROAD
MIAMI BEACH FL 33139

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

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 reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ADDRESS

ST-ZIP

PD
PRASCHNIK, BERNARDO
4746 ALTON RD.
MIAMI BCH FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

SD
PRASCHNIK, BLANCA
4746 ALTON RD.
MIAMI BEACH FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

☐ DELETE

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

☐ DELETE

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

☐ DELETE

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

ST-ADDRESS

ST-ZIP

☐ DELETE

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99

CR2E034 (11/98)