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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **456258** **(3)**

1. Corporation Name
GOVERNMENT DISCOUNT, INC.

Principal Place of Business
3703 N.W. 7TH STREET
MIAMI FLORIDA 33126

Mailing Address
3703 N.W. 7TH STREET
MIAMI FLORIDA 33126-5501

3. Date Incorporated or Qualified: 08/07/1974
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21 GOVERNMENT DISC
22 Suite, Apt. #, etc. 3700 N.W 7ST
23 City & State MIAMI - FLA
24 Zip 33126
25 Country U.S.A.

2a. Mailing Address
26 GOVERNMENT DISC
27 Suite, Apt. #, etc. 3703 N.W 7ST
28 City & State MIAMI - FLORIDA
29 Zip 33126
30 Country U.S.A

4. FEI Number: 59-1590537 — 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

9. Name and Address of Current Registered Agent
MARQUEZ, JOSE M.
780 N.W. LEJEUNE ROAD
STE.400
MIAMI FL 33126

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TITLE DP	☐ Change ☐ Addition
NAME OJEDA, ROGELIO		1.2 NAME OJEDA ROGELIO	
STREET ADDRESS 3703 N.W. 7TH ST		1.3 STREET ADDRESS 10995 S.W 32 ST	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FLA 33165	
TITLE VD	☐ DELETE	2.1 TITLE VD	☐ Change ☐ Addition
NAME DIAZ, MEDARDO		2.2 NAME MEDARDO, DIAZ	
STREET ADDRESS 3703 N.W. 7TH ST		2.3 STREET ADDRESS 2925 S.W 109 COURT	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI FLA 33165	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 1-8-97 (305)642-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)