

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:40

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1974

3a. Date of Last Report
04/13/1994

4. FEI 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORFINKEL, NESTOR B., ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

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 date of signature

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	GORFINKEL, JULIUS
STREET ADDRESS	10 NW 2ND STREET
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	TD
NAME	SAPOZNIK, JOSE
STREET ADDRESS	10 NW 2ND STREET
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	DS
NAME	SAPOZNIK, CLARA
STREET ADDRESS	10 NW 2ND STREET
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	D
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND ST
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND STREET
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report in 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in changes, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95

(305) 371-3309

LEON GORFINKEL, V.P. & Director