

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/26/1974

3a. Date of Last Report

03/30/1995

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

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

TITLE ☐ DELETE

NAME
GOLFINKEL, JULIUS
STREET ADDRESS
10 NW 2ND STREET
CITY-ST-ZIP
MIAMI, FL 00000

TITLE ☐ DELETE

NAME
SAPOZNIK, JOSE
STREET ADDRESS
10 NW 2ND STREET
CITY-ST-ZIP
MIAMI, FL 00000

TITLE ☐ DELETE

NAME
SAPOZNIK, CLARA
STREET ADDRESS
10 NW 2ND STREET
CITY-ST-ZIP
MIAMI, FL 00000

TITLE ☐ DELETE

NAME
GORFINKEL, LEON
STREET ADDRESS
10 NW 2ND ST
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
SAPOZNIK, LAZARO
STREET ADDRESS
10 NW 2ND STREET
CITY-ST-ZIP
MIAMI, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Vice President ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ 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

200001752112

-03/21/96--01022--029

***200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 371-3309

Date

Daytime Phone #

CR2E034 (12/95)