

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 33128-1822

3. Date Incorporated or Qualified **08/26/1974** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

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

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: *[Signature]* (NOTE: Registered Agent 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 | AVP | <input type="checkbox"/> DELETE |
| NAME | GORFINKEL, ESTHER | |
| STREET ADDRESS | 10 N.W. 2ND STREET | |
| CITY - ST - ZIP | MIAMI FL 33128 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 in changed or on an attachment with an address

SIGNATURE: *[Signature]* Date **3.14.97** Daytime Phone #

CR2E034 (9/96)