FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 462048 (0)

1. Corporation Name
POPULAR DISCOUNT, INC.

Principal Place of Business	Mailing Address
~~7500 NW 69 AVE~~ ~~MEDLEY FL 33166~~	7500 NW 69 AVE MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/21/1974	03/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1880 Palm Ave	26	59-1571773	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Hialeah Fla.	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33010 25 DADE	Zip / Country 29 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLAVIJO, EDUARDO 7500 NW 69 AVE MEDLEY FL 33166	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~GARCIA, ENRIQUE~~	1.2 NAME		
STREET ADDRESS	~~607 W. 55TH PLACE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~HIALEAH FL~~	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN C.	2.2 NAME		
STREET ADDRESS	7115 N. AUGUSTA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	CLAVIJO, EDUARDO A.	3.2 NAME		
STREET ADDRESS	3541 FLAMINGO DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE	~~VP~~	4.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GONZALEZ, REYNALDO	4.2 NAME		
STREET ADDRESS	8101 N.W. 166 ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, PRISCILA	5.2 NAME		
STREET ADDRESS	8350 NW 167 TERR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished and 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: Eduardo A. Clavijo (CREOAS) 3/3/95 885-9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010003 CP