

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -7 AM 11:26	
DOCUMENT # 462107 (4) 1. Corporation Name FLAGLER Y 12 DISCOUNT INC.				DO NOT WRITE IN THIS SPACE.	
Principal Place of Business 1201 WEST FLAGLER STREET MIAMI FLORIDA 33135		Mailing Address 1201 WEST FLAGLER STREET MIAMI FLORIDA 33135		3. Date Incorporated or Qualified 10/24/1974	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3a. Date of Last Report 04/25/1994	
9. Name and Address of Current Registered Agent COMBALUZIER, GEORGE L. 1017 DUPONT PLAZA CENTER MIAMI FLORIDA 33131		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		4. FEI Number 59-1558620 Applied For Not Applicable	
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.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable		DATE (NOTE: Registered Agent signature required when reinstating)		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR					