

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10: 05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 471831 (8)

1. Corporation Name
QUALITY DISCOUNT, INC.

Principal Place of Business Mailing Address
**7500 N.W. 69 AVENUE
MEDLEY FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/13/1975** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-1602599** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under G. 185.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **8601 S.W. 24 St.** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 **Miami Fla -** 28

Zip Country
24 **33155** 25 **33005** 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAVJO, EDUARDO
7500 NW 69 AVENUE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|----------------------------|
| TITLE | T |
| NAME | GONZALEZ, REYNALDO |
| STREET ADDRESS | 8101 N.W. 166 ST |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | S |
| NAME | RODRIGUEZ, JUAN C. |
| STREET ADDRESS | 7115 N AUGUSTA DR |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | P |
| NAME | CLAVJO, EDUARDO |
| STREET ADDRESS | 3541 FLAMINGO DR. |
| CITY - ST - ZIP | MIAMI BEACH FL |
| TITLE | VP |
| NAME | RODRIGUEZ, AGUSTIN |
| STREET ADDRESS | 3923 W FLAGLER |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VS |
| NAME | GONZALEZ, PRISCILA |
| STREET ADDRESS | 8350 NW 167 TERRACE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|---|
| 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 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 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. CLAVJO, Pres.

3/2/95

885-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #