

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90014 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 471831**  
 1. Corporation Name  
**QUALITY DISCOUNT, INC.**



Principal Place of Business 8601 S.W. 24 ST. MIAMI FL 33155 US	Mailing Address 7500 N.W. 69 AVENUE MEDLEY FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/13/1975</b>
4. FEI Number <b>59-1602599</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be -Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
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9. Name and Address of Current Registered Agent

**CLAVIJO, EDUARDO**  
**7500 NW 69 AVENUE**  
**MEDLEY FL 33166**

10. Name and Address of New Registered Agent

81 Name <b>ENRIQUE J. DIAZ</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>7500 N.W. 69 AVE.</b>
84 City <b>MEDLEY</b>
85 Zip Code <b>FL 33166</b>

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]* DATE **1/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T NAME: GONZALEZ, REYNALDO STREET ADDRESS: 8101 N.W. 166 ST CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
P NAME: CLAVIJO, EDUARDO STREET ADDRESS: 3541 FLAMINGO DR. CITY-ST-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE
VP NAME: RODRIGUEZ, AGUSTIN STREET ADDRESS: 3923 W FLAGLER CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
S NAME: GONZALEZ, PRISCILA STREET ADDRESS: 8350 NW 167 TERRACE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE
 NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
 NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/25/99** DAYTIME PHONE #: **885-9774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)