2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # 471831 QUALITY DISCOUNT, INC. Mailing Address Principal Place of Business 7500 N.W. 69 AVENUE S.W. 24 ST. MEDLEY FL 33166-2502 FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-1602599 Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ. ENRIQUE J Street Address (P.O. Box Number is Not Acceptable) 7500 NW 69 AVENUE MEDLEY FL 33166 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90100 001 ***150 00

619000

Applied For

\$8.75 Additional

Zip Code

305-885-9114

FL

Fee Required

Not Applicable



DO NOT WRITE IN THIS SPACE

| Tax filing re | ax filing requirement and elects to do so. After MAY 1, | | VIII FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of State | | Election Campaign Financing Trust Fund Contribution. | Added to Fees | |
|---------------------------------------|---|---------------------------------|--|---------------------------------|--|----------------|-------------------|
| 11. | OFFICERS AND DIRECTORS | | 12. | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GONZALEZ, REYNALDO 8101 N.W. 166 ST MIAMI FL | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10341 | 1.0142 5.W. 39 51. | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CLAVIJO, EDUARDO 3541 FLAMINGO DR. MIAMI BEACH FL | ⊠ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAUL 12661 | ICK. Me NGSES N.W. 99 Pl. MARDENS Fl. 27018 | ☐ Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RODRIGUEZ, AGUSTIN 3923 W FLAGLER MIAM) FL | ☐ De'ete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GONZALEZ, PRISCILA 8350 NW 167 TERRACE MIAMI FL | 🔀 Delete | TITLE NAME STREET ADDRESS CITY-ST-2IP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ D∈lete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ D∍lete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| indicated | certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em | ie true and accurate and that m | v sionatiire shall c | iave the same. | iedai ettect as il made undel dain: un | attantan oncer | OL CHI COLO |

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

SIGNATURE:

NO TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR