

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 494852

(7)

1. Corporation Name

LAS VILLAS DISCOUNT, INC.



Principal Place of Business

18660 NW 67 AVE  
MIAMI FL 33015  
US

Mailing Address

7500 N.W. 69 AVE.  
MEDLEY FL 33166

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLAVIJO, EDUARDO  
7500 NW 69 AVENUE  
MEDEY FL 33166

3. Date Incorporated or Qualified

04/09/1976

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1612487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the filer, if applicable)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

T

☐ DELETE

NAME

CLAVIJO, EDUARDO A

STREET ADDRESS

3541 FLAMINGO DR

CITY - ST - ZIP

MIAMI BCH, FL 00000

TITLE

S

☒ DELETE

NAME

RODRIGUEZ, JUAN C

STREET ADDRESS

7115 N. AUGUSTA DRIVE

CITY - ST - ZIP

MIAMI FL

TITLE

V

☐ DELETE

NAME

GONZALEZ, REYNALDO

STREET ADDRESS

8101 NW 166TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO A. CLAVIJO

2/19/96

885-9774

Date

Deputy Phone #

CR2E034 (12/95)