FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **496609** **(9)**

1. Corporation Name
TRUE DISCOUNT, INC.

Principal Place of Business	Mailing Address
~~7500 NW 69 AVE~~ ~~MEDLEY FL 33166~~	7500 NW 69 AVE MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1976
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21: 5749 S.W. 40 ST.
2a. Mailing Address — 26:
4. FEI Number: 59-1655291 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23: Miami FLA
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 33155
County — 25: DADE
Zip — 29:
Country — 30:
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN CARLOS
~~1880 PALM AVE~~
~~HIALEAH FL~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7115 N. AUGUSTA DR.
83
84 City: MIAMI FL 85 Zip Code: 33015

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN CARLOS	1.2 NAME		
STREET ADDRESS	7115 N. AUGUSTA DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	CLAVIJO, EDWARDO	2.2 NAME		
STREET ADDRESS	3541 FLAMINGO DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ENRIQUE	3.2 NAME		
STREET ADDRESS	10341 S.W. 37 ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, REYNALDO	4.2 NAME		
STREET ADDRESS	8101 N.W. 166 ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, PRISCILA	5.2 NAME		
STREET ADDRESS	8350 NW 167 TERR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: EDUARDO A CLAVIJO (PRES) 10/2/95 885-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160274 CP