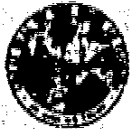


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 496609 (9)

1. Corporation Name

TRUE DISCOUNT, INC.

Principal Place of Business

~~7500 NW 69 AVE~~
~~MEDLEY FL 33166~~

Mailing Address

**7500 NW 69 AVE
MEDLEY FL 33166**

**APPROVED
AND
FILED**

95 APR 25 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1976

3a. Date of Last Report

03/01/1994

4. FEI Number

59-1655291

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 § 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 5749 S.W. 40 St.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Miami FL

City & State

28

Zip

24 33155

Country

25 DADE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN CARLOS

~~1880 PALM AVE~~

~~MIAMI 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **RODRIGUEZ, JUAN CARLOS**
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 BCH. FL**

TITLE **VP**
NAME **DIAZ, ENRIQUE**
STREET ADDRESS **10341 S.W. 37 ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE **T**
NAME **GONZALEZ, REYNALDO**
STREET ADDRESS **8101 N.W. 166 ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE **VS**
NAME **GONZALEZ, PRISCILA**
STREET ADDRESS **8350 NW 167 TERR.**
CITY - ST - ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)

02/2/95

885-7006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #