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

1. Corporation Name

TRUE DISCOUNT, INC.

Principal Place of Business
5749 S.W. 40 STREET
MIAMI FL 33155
US

Mailing Address
7500 NW 69 AVE
MEDLEY FL 33166

3. Date Incorporated or Qualified: **02/11/1976**
3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1655291** — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN CARLOS
7115 N. AUGUSTA DRIVE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: EDUARDO A. CLAVIJO
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7500 N.W. 69 AVE.
84 City: MEDLEY **FL** 85 Zip Code: 33166

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: EDUARDO A. CLAVIJO — 2/19/96
Signature, typed or printed name of registered agent and the date applicable (NOTE: Registered Agent signature required before filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	RODRIGUEZ, JUAN CARLOS	
STREET ADDRESS	7115 N. AUGUSTA DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	☐ DELETE
NAME	CLAVIJO, EDWARDO	
STREET ADDRESS	3541 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VP	☐ DELETE
NAME	DIAZ, ENRIQUE	
STREET ADDRESS	10341 S.W. 37 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	GONZALEZ, REYNALDO	
STREET ADDRESS	8101 N.W. 166 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	☐ DELETE
NAME	GONZALEZ, PRISCILA	
STREET ADDRESS	8350 NW 167 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 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: EDUARDO A CLAVIJO — 2/19/96 — 885-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)