FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 514555

(2)

HOLIDAY DISCOUNT, INC.

FILED Jan 29 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			DIDYY DIDYI DIDYI DIDYY EHDƏL (AD)
5425 WEST 20TH AVENUE		C/O JULIAN HERNANDEZ			
HIALEAH FL 33012		1150 NW 72ND AVE., SUITE 307			
		MIAMI FL 33128		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 11/03/1976	
2. Principal P	lace of Business	2a. Mailing Address		4. FEi Number	Applied For
21		26		59-1769395	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Communication of olders accounted	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
	25		30	8. This corporation owes or has paid the o	current year Intangible
24	g, Name and Address of Curren		301	Personal Property Tax due June 30. 10. Name and Address of New Registere	
-	HULOCK & CHULOCK	· · iogioto oo rigott	81 Name	10. Harris and Address of Hell Hegisters	a Agont
9300 S. DADELAND BLVD.			Rar	non Maranges dress (P.O. Box Number is Not Acceptable)	
SUITE 404					
MIAMI FL 33156			83	50 S.W. 83rd Ct.	
44	II/Mi FC 33 130				
			84 City	, F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508. Florida Statute	es the above-named co	tolation submits this statement for the purpose	of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named confliction submits this statement for the purpose of changing its registered office or registered ago it, 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 amy amy ar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ager	ni and tillo applicable (NOTE	· Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	P/0	DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	MARANGES, RAMON		1.2 NAME		
STREET ADDRESS	8460 SW 83RD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	DT	DELETE	2.1 TITLE		Change
NAME	MARANGEO, MIQUEL A.		2.2 NAME		f
STREET ADDRESS	221 NW 197TH AVE		2 3 STREET ADDRESS		ł
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-ST-ZIP		
TITLE	\$10	DELETE	3.1 TITLE		Change Addition
NAME	MARANGES, CARMEN, JR.		3.2 NAME		
STREET ADDRESS	8460 SW 83RD CT		3.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL		3 4. CITY-ST-ZIP		
TITLE	DT	DELETE	4.1 TITLE		Change Addition
NAME		• •	4, 2 NAME		
STREET ADDRESS	Caridad Marange		4.3 STREET ADDRESS		
CITY-ST-ZIP	8460 S.W. 83rd		4.4 CITY-ST-ZIP		
TITLE	Miami, F1.	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ł
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 chapted or on an attachment with an address.

SIGNATURE:

Tours Marcus

Ramon Maranges 1/18/98

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