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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MO E 41ST STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561478

Mailing Address

MO F AIST STREET

SUPER DISCOUNT CORPORATION

(9)

FILED Jan 22 1997 8:00am Secretary of State



HALEAH FL 33013		HIALEAH FL 33013-2409					
					3. Date Incorporated or Qualified		report
2. Principal P	lace of Business	2a. Mailing Address		T-1	4. FEI Number	A	oplied For
21		26	··· ··		59-1814707		ot Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Stati	e	City & State			6. Election Campaign Financing		May Be
23		28	T		Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees
· Zip	Country	7ip 5331	Country	y	8. This corporation has liability for intendible tax under s. 199.032, Florida Statutes		
24	25 9. Name and Address of Curre	29 29 Anont	30		Florida Statutes 10. Name and Address of New Re		
COB	ITINAS, SEBASTIAN O.	the registered Agent	81	Name	To. Traine and readings of the He	Auguston whole	
	S.W. 26 TERR.						
	M FL 33165		82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
i initia	W. I. C. 00.100		83	 			
			<u></u>				
!			84	City		FL 85 Zip	Code
11. Porsuant	to the provisions of Sections 607.05	i02 and 607 1508. Florida Stat	utes the eboy	e-named cor	rogration submits this statement for the r		ts registered
office or r	eg stered agent, or both, in the Sta	te of Florida. Such change was	s authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointment as	registered
	пптатпас with, ало авсергие чол	galions of, accepti 607.0000, i	rionoa statute	15.			Ţ
SIGNATURE	Synation Type For paritied name of rigid condi-	apar and the Papple alike (Ne	OTE: Registered Aq	ent signature requ	uired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
TITLE	\$D	☐ DELETE	1 1 TITLE			Change	Addition
NAME	CORTINAS, ANA		1.2 NAME				ļ
STREET ADDRESS	9834 S.W. 26 TERR. MIAMI		13 STREE	T ADDRESS			
City-St-7IP	MIAMI FL		14 C/TY -	ST - ZIP			
TITLE	PD	DELETE	2 1 TITLE	1		Change	Addition
NAME:			2.2 NAME				
STREET ADDRESS	9834 S.W. 26 TERR. MAIMI		23 STREE	T ADDRESS			-
CITY - ST - ZIP	MIAMI FL		2. 4 CITY	ST-ZIP			
THILE) i	DELETE	3.1 THILE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - 712	,	- District	3.4. CfTY	ST-ZIP		T-1 o	T A debt
TITLE		L DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				-
STREET ADDRESS				T ADDRESS			
CITY-ST ZIP		DESTIE	4.4 CITY-	ST-ZIP	: t /2 .	Change	Addition
THILE		DELFTE	5.1 TITLE			triange	FT WOOHION
NAME	,		5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY+ST-7IP	the second secon	DELETE	5.4 CiTY -	ST-ZIP		Change	Addition
TITLE		L] OFITE	61 TITLE			— Credige	
NAME COMMAN AND DESCRIPTION			6.2 NAME				
STREET ADDRESS			1	T AODRESS			
CiTY - S1 - ZIP			64 OTY -	ST · ZIP			

14. I do hereby certify that the information supplied with this filing opes 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 of 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 compration 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

SIGNATURE: