EDELY FL 3388         MEDLEY FL 33168         O NOT WRITE IN THIS SPACE           Principal Place of Business         24. Mailing Address         4. FEI Number         Applied For QA[24]1978           State, Apt. #, etc.         25. 1847350         Interplaced For Part Place of Status Desired         For Part Place State, Apt. #, etc.         5. Certificate of Status Desired         For Part Place For Part Place of Status Desired         For Part Place For Part Place of Status Desired         For Part Place of For Part Place of Status Desired         For Part Place of For Part Place of Status Desired         For Place Place of For Part Place of For Place of Place Place of For Place of Place Place of For Place Place of For Place Place of For Place of Place Place of For Place of Place Place of For Place Place of For Place of Place Place of For Place Place of For Place Place of For Place of Place Place of For Place of Place Place of For Place Place of For Place Place of For Place of For Place Plac		PROFIT RPORATION UAL REPORT <b>1999</b>		R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90023 010 ***150.00				
SD N.W 69 AVE PLOT N.W 69 AVE NEDLEY FL 33166  Principal Place of Business 2.a. Mailing Address 3. Date Incorporated of Qualified QU224/1978 3. Date Incorporating of Status Dashed PER Regured Corp & State 2.0 Country 2.2 Country 2	1. Corporation	DISCOUNTS DISTRIBUTORS	6, INC.	n Address		. <u>.</u>					
Introduct Prace of Business               2a. Making Address              2b. State              2b. State              2b. Contriv              2b. Contriv              2a. Making Address              2b. The consolution oves the current registered Agent	7500 N.W, 69 AVE. 7500 N.W, 69 AVE.						l l			SDACE	
Principal Prace of Business         2z. Maining Adviruss         4. FEI Number							3. Date Incorporate			5FACE	<u> </u>
Stelle, Apt. #, etc.         Fore Respiration           CIVA & State         27         Clive & State         5. Centificate of States Dasing         Personal Property State           Zip         20         Country         20         Country         8. This comporation owes the current year interrubing           Zip         20         Country         8. This comporation owes the current year interrubing         Added to Field           20         20         Country         8. This comporation owes the current year interrubing         Added to Field           210         20         Country         8. This comporation owes the current year interrubing         Added to Field           211         212         23         Country         8. This comporation owes the current year interrubing         Added to Field           212         213         Country         8. This comporation owes the current year interrubing ower interrubing	2. Principal P	Place of Business		illing Address			4. FEI Number	<b>.</b>			
City & State       City & State       City & State       S.00 May Sec.         Zip       Zip       Country       Zip       Country       S.00 May Sec.         Zip       Zip       Country       Zip       Country       State Fund Contribution       State fund Contribution         B.       Name and Address of Current Registered Agent       1       Name and Address of Cerrent Registered Agent       Environment Address of Cerrent Registered Agent         CLAVUO, EDUARDO 7500 NW 69 AVE       1       Name and Address of Cerrent Registered Agent       1       Name and Address of Cerrent Registered Agent         MEDLEY FL 33166       31       TXCOO N/ W 69 AVE       21       Street Address (P.C. Box Number is Not Acceptable)         1.       Fundament to the provisions of Section 507 0502 and 507 1508, Florids Statutes, the above-named corporation submits this statement for the currons of changing its registered Agent         1.       Fundament to the provisions of Section 507 0502 and 507 1508, Florids Statutes       Male CLEY       FL       85       Zip Code         1.       Code Termson Term		#, etc.	Su	ite, Apt. #, etc.				us Desired			
Zip       Country       Zip       Country       Zip       Country       R. This composition owes the current regaritizance in the regaritizance in the current regaritizance in the regarit regarits in the regaritis regaritizance in the rega		te	City & State								
CLANLIC, EDUARDO 7500 NW 69 AVE       1       Name       Site Address (P.O. Box Number is Not Acceptable)         B2       Street Address (P.O. Box Number is Not Acceptable)       3       1         B3       1       DAD N.W. 69 AVE       1       1         B4       Olty M.W. 69 AVE       1			Zip		<u> </u>				arrent year Inta		
CLANUC, EDUARDO 7500 NW 69 AVE  MEDLEY FL 33166		9. Name and Address of Current	nt Registere	d Agent	81	Name &				Agent	
MEDLEY FL 33166       If SOO N.W. 69 AUE.         41       Only       MEDLEY FL 33166         42       Only       MEDLEY FL 33166         43       Only       MEDLEY FL 33166         44       Only       MEDLEY FL 33166         45       Only       MEDLEY FL 33166         46       Only       MEDLEY FL 33166         47       Only       MEDLEY FL 33166         48       Only       MEDLEY FL 33166         48       Only       MEDLEY FL 33166         49       Only       MEDLEY FL 33166         40       Only       Medlexed by the consolidor is backet on metallow         400       Only       Medlexed by the consolidor is backet on metallow         400       OFFICERS AND DIRECTORS IN 12       Interfice         41       OFFICERS AND DIRECTORS IN 12       Online         42       OFFICERS AND DIRECTORS IN 12       Online         44       ONLOS       OFFICERS AND DIRECTORS IN 12       Online         44       ONLOS       OFFICERS AND DIRECTORS IN 12       Online         45       FLANDAGE ONLOS       Interfice       Online       Online         45       FLANDAGE ONLOS       Interfice       Online       Onlis Singer Co						<u> </u>				···-	<u></u>
	1				83		<u></u>	1.0	1.0		
1. Pursuant to the provisions of Sections 607 0502 and 607 0502. Finded Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent, or how, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or how, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or how, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or how and the appointment as registered agent. I am familiar with, and accept the obligations of, Section B07.0505, Florida Statutes.  If 21/94 IGNA TURE Ignofiting or provide a family director and the appoint of the impointed agent memoration of the records of the appointment as registered agent, or how and the appoint of	MEDLEY FL 33166					l		69 1		85 Zip (	Code
ILE       P       □ DELETE       1.1 TITLE       □ Change       □ Addition         INEET ADDRESS       3541 FLAMINGO DRIVE       13 STREET ADDRESS       14 GTTY-ST-2P       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       VP       □ DELETE       21 TITLE       □ Change       □ Addition         INEE       INEETADORESS       12 AUME       <	SIGNATURE	Signature, typed or priviled name of registered age	ent and title IT app	icable. (NOTE:	Registered Ager				DATE		 RS IN 12
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ILE       S       DELETE       4.1 TITLE       Change       Addition         IME       GONZALES, PRISCILLA       4.2 NAME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         ITY - 57-2/P       MIAMI FL       DELETE       5.1 TITLE       Change       Addition         INE       DELETE       6.1 TITLE       Change       Addition         INE       DELETE       6.1 TITLE       Change       Addition         INE       ST-ST-ZIP       Change       Addition       6.3 STREET ADDRESS         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, with all other like empowered.	TREET ADDRESS	• • • • • • • • • • • • • •									
REET ADDRESS       8350 N.W. 167 TERRACE       4.3 STREET ADDRESS         MIAMI FL       DELETE       4.4 CITY-ST-ZIP         TLE       DELETE       5.1 TITLE         MWE       S3 STREET ADDRESS         REET ADDRESS       5.4 CITY-ST-ZIP         TLE       DELETE         S1 STREET ADDRESS       5.4 CITY-ST-ZIP         TLE       DELETE         MWE       S1 STREET ADDRESS         REET ADDRESS       5.4 CITY-ST-ZIP         TLE       DELETE         S1 STREET ADDRESS       5.4 CITY-ST-ZIP         ME       6.3 STREET ADDRESS         FY-ST-ZIP       6.4 CITY-ST-ZIP         A. I hereby certify that the information supplied with this filling 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 13 if changed, or on a attachment with an address, with all other like empowered.	ITY-ST-ZIP TLE	S				<u>1-21P</u>		_ <b>_</b>		Change	Addition
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ILE       DELETE       5.1 TTLE       Change       Addition         INFE       52 NAME       53 STREET ADDRESS       54 CITY-ST-ZIP       Image: Change       Addition         TLE       DELETE       6.1 TTLE       54 CITY-ST-ZIP       Image: Change       Addition         ME       DELETE       6.1 TTLE       Image: Change       Addition         ME       DELETE       6.1 TTLE       Image: Change       Addition         ME       0 DELETE       6.1 TTLE       Image: Change       Image: Change       Addition         ME       0 DELETE       0 DELETE       6.1 TTLE       Image: Change       Image: Change: Change       Image: Change: Change       Image: Change: Cha	TREET ADDRESS				4.3 STREET	ADDRESS					
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REET ADDRESS       53 STREET ADDRESS         TY: ST-ZIP       54 CITY-ST-ZIP         INE       DELETE         6.1 TITLE       Change         A. 1 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 13 if changed, or on an attachment with an address, with all other like empowered.	AME										
Addition  The provided and 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 changed, or on an attachment with an address, with all other like empowered.	TREET ADDRESS				5.3 STREET	ADDRESS	``				
MME     6.2 NAME       REET ADDRESS     6.3 STREET ADDRESS       ITY-ST-ZIP     6.4 CITY-ST-ZIP       4. 1 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 changed, or on an attachment with an address, with all other like empowered.	ITY-ST-ZIP					r-zip			. <u></u>		<b></b>
REET ADDRESS REET ADDRESS TY-ST-ZIP 4. 1 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 changed, or on an attachment with an address, with all other like empowered.	TLE									Change	L] Addition
Increase       64 CITY-ST-ZP         64 CITY-ST-ZP       64 CITY-ST-ZP         4. 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 changed, or on an attachment with an address, with all other like empowered.			$\cap$			ADDRESS					
4. Thereby 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 changed, or on a tatchment with an address, with all other like empowered.	INCELAUURESS	/	1								1
Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.			and the filling	does not qualify for	the everyoti	on stated in 5	Section 119.07(3)(i), Flor	ida Statutes	i further cert	ify that the ir	formation
	indicated	on this annual report or supplementa	Annual repo	ort is true and accur	rate and that	mv signature	shall have the same le	cal effect as	if made unde	r oath: that I	am an

CR2E034 (11/98)