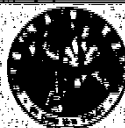


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F43225

(4)

1. Corporation Name

SUNSET DISCOUNT, INC.

Principal Place of Business

7500 N W 89 AVE
MEDLEY FL 33106

Mailing Address

7500 N W 89 AVE
MEDLEY FL 33106

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1981

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2125910

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

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 8758 S.W. 72nd St.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLA.

27 City & State

28

24 Zip

25 33173

Country

26 USA

29 Zip

30

Country

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, JUAN C

8758 SUNSET DR

MIAMI FL

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	P
NAME	CLAVJO, EDUARDO A
STREET ADDRESS	3541 FLAMINGO DR
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	T
NAME	GONZALEZ, REYNALDO
STREET ADDRESS	8101 NW 186 ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	RODRIGUEZ, JUAN C
STREET ADDRESS	7115 N AUGUSTA DR
CITY-ST-ZIP	MIAMI FL
TITLE	VS
NAME	GONZALEZ, PRISCILA
STREET ADDRESS	8350 NW 187 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ 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	☐ 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO A. CLAVJO (PRES)

2/8/95

Date

881-9774

Daytime Phone #