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 # **F43225** **(4)**

1. Corporation Name

SUNSET DISCOUNT, INC.

Principal Place of Business	Mailing Address
8758 S.W. 72ND ST. MIAMI FL 33173 US	7500 N W 69 AVE MEDLEY FL 33166

3. Date Incorporated or Qualified: **09/02/1981**
3a. Date of Last Report: **04/26/1995**
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
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN C
7115 N AUGUSTO DR
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 DATE: 3/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	CLAVIJO, EDUARDO A	
STREET ADDRESS	3541 FLAMINGO DR	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	T	☐ DELETE
NAME	GONZALEZ, REYNALDO	
STREET ADDRESS	8101 NW 166 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	RODRIGUEZ, JUAN C	
STREET ADDRESS	7115 N AUGUSTA DR	
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		
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	SECRETARY	☒ 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)(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.

SIGNATURE: _____ EDUARDO A. CLAVIJO 3/19/96 885-9774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)