

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

8758 S.W. 72ND ST.
MIAMI FL 33173
US

Mailing Address

7500 N W 69 AVE
MEDLEY FL 33166-2580

3. Date Incorporated or Qualified

09/02/1981

3a. Date of Last Report

04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CLAVJO, EDWARD A
7500 NW 69 AVE
MEDLEY FL 32166

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

By signing this statement, the person named below is accepting the appointment as registered agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	P	CLAVJO, EDUARDO A	☐ DELETE
12.2	T	3541 FLAMINGO DR	
12.3	T	MIAMI BCH, FL 00000	
12.4	T	GONZALEZ, REYNALDO	☐ DELETE
12.5	T	8101 NW 166 ST	
12.6	T	MIAMI FL	
12.7	S	GONZALEZ, PRISCILA	☐ DELETE
12.8	S	8350 NW 167 TERR	
12.9	S	MIAMI FL	
12.10			☐ DELETE
12.11			
12.12			☐ DELETE
12.13			
12.14			☐ DELETE
12.15			
12.16			☐ DELETE
12.17			
12.18			☐ DELETE
12.19			
12.20			☐ DELETE
12.21			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY - ST - ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY - ST - ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY - ST - ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY - ST - ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY - ST - ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0226487

CR2E034 (9/96)