

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92428 (6)  
1. Corporation Name  
RECAPRI DISCOUNT, INC.

Principal Place of Business  
7500 NW 69TH AVE  
MEDLEY FL 33166

Mailing Address  
7500 NW 69TH AVE  
MEDLEY FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0210961		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLAVIJO, EDUARDO A.  
7500 NW 69TH AVE  
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	GONZALES, PRISCILA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8350 N.W. 167 TERRACE		1.3 STREET ADDRESS	
MIAMI, FL 33016		1.4 CITY - ST - ZIP	
VP	DIAZ, ENRIQUE J	2.1 TITLE	
10341 SW 37 ST		2.2 NAME	
MIAMI, FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
T	CLAVIJO, EDUARDO A.	3.1 TITLE	
3541 FLAMINGO DRIVE		3.2 NAME	
MIAMI BEACH, FL 33140		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
S	GONZALEZ, REYNALDO	4.1 TITLE	
8101 N.W. 166TH STREET		4.2 NAME	
MIAMI FL		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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

EDUARDO CLAVIJO

2/4/98

888-9911

CR2E034 (10/97)