

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90014 046 ***150.00

DOCUMENT # L92428

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

3. Date Incorporated or Qualified

08/10/1990

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0210961

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

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 ENRIQUE J. DIAZ

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALES, PRISCILA
STREET ADDRESS 8350 N.W. 167 TERRACE
CITY-ST-ZIP MIAMI, FL 33016

☐ DELETE

TITLE VP
NAME DIAZ, ENRIQUE J
STREET ADDRESS 10341 SW 37 ST
CITY-ST-ZIP MIAMI, FL

☐ DELETE

TITLE T
NAME CLAVIJO, EDUARDO A.
STREET ADDRESS 3541 FLAMINGO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

☐ DELETE

TITLE S
NAME GONZALEZ, REYNALDO
STREET ADDRESS 8101 N.W. 166TH STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

885-9994
Daytime Phone #

CR2E034 (11/98)

0243131