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 # **M11134** **(7)**

1. Corporation Name

SUPER 47 DISCOUNT INC.

Principal Place of Business	Mailing Address
7500 N.W. 69TH AVENUE MEDLEY FL 33166	7500 N.W. 69TH AVENUE MEDLEY FL 33166

3. Date Incorporated or Qualified: **02/08/1985**
3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2505529** ☐ 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

CLAVIJO, EDUARDO
7500 N.W. 69 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 **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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent Signature required for each change of registered agent) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLAVIJO, EDUARDO		1.2 NAME		
STREET ADDRESS	3541 FLAMINGO DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ENRIQUE		2.2 NAME		
STREET ADDRESS	10341 SW 37 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JUAN C.		3.2 NAME		
STREET ADDRESS	7115 N. AUGUSTA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	GONZALEZ, PRISCILLA		4.2 NAME		
STREET ADDRESS	8350 N. W. 167 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ,, REYNALDO		5.2 NAME		
STREET ADDRESS	8101 N.W. 166TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 2/19/96 885-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #