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**DIVISION OF CORPORATIONS**  
 95 FEB 17 PM 3:24

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M17318 (0)**

1. Corporation Name  
**LAS PALMAS DISCOUNT INC.**

Principal Place of Business <b>1500 PALM AVE. HIALEAH FL 33010</b>	Mailing Address <b>1500 PALM AVE. HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/26/1985</b>	3a. Date of Last Report <b>03/03/1994</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2551537</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DIAZ ALBERTO S</b> <b>X X76X NW 35TH ST</b> <b>X MIAMI FL 33128 X</b>		81 Name <b>SINAR CARDOZA</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1500 PALM AVENUE</b>	
		83	
		84 City <b>HIALEAH,</b>	85 Zip Code <b>FL 33010</b>

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]* **SINAR CARDOZA, Sr.** *Feb-10-95*  
(Signature, Title, and Print Name of registered agent are required) (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SDP</b>	NAME <b>DIAZ, CARMEN L.</b>	1.1 TITLE <b>SDP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>751 N.W. 35 ST.</b>	CITY- ST- ZIP <b>MIAMI FL</b>	1.2 NAME <b>SINAR CARDOZA, Sr.</b>	
		1.3 STREET ADDRESS <b>1500 Palm Ave.</b>	
		1.4 CITY- ST- ZIP <b>Hialeah, FL 33010</b>	
TITLE	NAME	2.1 TITLE <b>SDST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	2.2 NAME <b>SINAR CARDOZA, Jr.</b>	
		2.3 STREET ADDRESS <b>1500 Palm Ave.</b>	
		2.4 CITY- ST- ZIP <b>Hialeah, FL 33010</b>	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **SINAR CARDOZA, Sr.** *Feb-10-95* **(305) 888-5154**  
(Signature, Title, and Typed or Printed Name of Signing Officer or Director)