

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M56103

(8)

1. Corporation Name

SUPER POPULAR DISCOUNT, INC.

Principal Place of Business

**7500 N.W. 69 AVENUE
MEDLEY FL 33166**

Mailing Address

**7500 N.W. 69 AVENUE
MEDLEY FL 33166**

**APPROVED
AND
FILED**

05 APR 26 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1987

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2841749

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 1701 NW 119 St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FLA

28

Zip

Country

Zip

Country

24 33167

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAVJO, EDUARDO A.
7500 N.W. 69 AVENUE
MEDLEY FL 33166**

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GONZALEZ, PRISCILA
STREET ADDRESS	8350 NW 167 TERR
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	RODRIGUEZ, JUAN CARLOS
STREET ADDRESS	7115 NO AUGUSTA DR
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	CLAVJO, EDUARDO A.
STREET ADDRESS	3541 FLAMINGO DR
CITY - ST - ZIP	MIAMI BCH FL
TITLE	P
NAME	GONZALEZ, REYNALDO
STREET ADDRESS	7500 NW 69 AVENUE
CITY - ST - ZIP	MEDLEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

EDUARDO A. CLAVJO (RECS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/95
(Date)

PRS-6994
(Signature Number)