

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # M56103 (8)

1. Corporation Name
SUPER POPULAR DISCOUNT, INC.

Principal Place of Business

1701 NW 118 St
MIAMI FL 33167
US

Mailing Address

7500 N.W. 69 AVENUE
MEDLEY FL 33166-2560



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified
07/24/1987

3a. Date of Last Report
04/04/1996

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

9. Name and Address of Current Registered Agent

CLAVIJO, EDUARDO A.
7500 N.W. 69 AVENUE
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 of officer, director, or registered agent and block 13 only)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME GONZALEZ, PRISCILA
STREET ADDRESS 8350 NW 167 TERR
CITY-ST-ZIP MIAMI FL
TITLE T ☐ DELETE
NAME CLAVIJO, EDUARDO A.
STREET ADDRESS 3541 FLAMINGO DR
CITY-ST-ZIP MIAMI BCH FL
TITLE P ☐ DELETE
NAME GONZALEZ, REYNALDO
STREET ADDRESS 7500 NW 69 AVENUE
CITY-ST-ZIP MEDLEY FL
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE
TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
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 do 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 included 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; that I have been 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

Date

Daytime Phone #

CR2E034 (9/96)