

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M58766 (0)

1. Corporation Name
441 STREET DISCOUNT, INC.

Principal Place of Business: **7500 N.W. 69 AVE. MEDLEY FL 33168**
Mailing Address: **7500 N.W. 69 AVE. MEDLEY FL 33168**

APPROVED AND FILED
95 APR 25 AM 8:19
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/09/1987** 3a. Date of Last Report: **03/01/1994**
4. FEI Number: **65-0011652** 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: **19977 N.W. 2 Ave.** 2a. Mailing Address: _____
21. Suite, Apt. #, etc.: _____ 26. Suite, Apt. #, etc.: _____
22. City & State: **Miami FLA** 27. City & State: _____
23. Zip: **33169** Country: **DADE** 28. Zip: _____ Country: _____

9. Name and Address of Current Registered Agent: **CALVIJO, EDUARDO A. 7500 N.W. 69 AVE. MIAMI FL 33168**
10. Name and Address of New Registered Agent:
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ 85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE DAVID	1.2 NAME	
STREET ADDRESS	13741 SW 38 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JUAN CARLOS	2.2 NAME	
STREET ADDRESS	7115 N. AUGUSTA DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVIJO, EDUARDO A.	3.2 NAME	
STREET ADDRESS	3541 FLAMINGO DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ENRIQUE J	4.2 NAME	
STREET ADDRESS	10341 SW 37TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(4), 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 (Treas) Date: 2/2/95 System Name: 881-9974