

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # **M58766**

(0)

1. Corporation Name

441 STREET DISCOUNT, INC.



Principal Place of Business

Mailing Address

19922 N.W. 2ND AVE.
MIAMI FL 33169
US

2500 N.W. 69 AVE.
MEDLEY FL 33188

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
26 19922 NW 2nd Ave
27 Suite, Apt. #, etc.
28 MIAMI FL
29 33169 30 Dade

3. Date Incorporated or Qualified
09/09/1987

3a. Date of Last Report
04/25/1995

4. FET 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAVIJO, EDUARDO A.
7500 N.W. 69 AVE.
MIAMI FL 33188

B1 Name **JUAN C. RODRIGUEZ**
B2 Street Address (P.O. Box Number is Not Acceptable)
7115 N. AUGUSTA DRIVE
B3
B4 City **Miami** FL B5 Zip Code **33015**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature must be witnessed.)

DATE

[Signature]

JUAN C RODRIGUEZ

3/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE DAVID	
STREET ADDRESS	13741 SW 38 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JUAN CARLOS	
STREET ADDRESS	7115 N. AUGUSTA DR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLAVIJO, EDUARDO A.	
STREET ADDRESS	3541 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, ENRIQUE J	
STREET ADDRESS	10341 SW 37TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

DATE

DATE OF FILING

CR2E034 (12/95)