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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58766

(0)

441 STREET DISCOUNT, INC.

FILED Feb 20 1997 8:00am Secretary of State

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	BURNING HOLD	I BUAR BAN XABIF BI		#1 E1 1 1 1 1 1 1 1 1 1

Principal Planic of Business 18922 N.W. 2ND AVE. MIAMI FL 33169 US		Mailing Address 19922 NW 2NO AVE MIAMI FL 33169-2904 IIS	19922 NW 2ND AVE		r teatests tat avidt filts flade attie allit didit avan etest didit didit avan 1861.				
00		00				3. Date Incorporated or Qualified 09/09/1987		of Last F 5/1996	Report
2. Principa	a. Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0011652			ot Applicable
22 Suite, A	Apt #, etc	Suite, Apt. #. etc.				5. Certificate of Status Desired		•	Additional equired
City 8 S	Stare	City & State				8. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip	Cour	ntry		8. This corporation has liability for it			. 199.032,
24	25	29	30					No	
	9, Name and Address of Cur	rrent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
	IUEN C RODRIQUEZ 1115 N AUGUSTA DRIVE			01	маше				
			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
N	Miami FL 33015		}	83		**************************************			
			į	0.5					
				84	City		FL	85 Zip	Code
44 D m	are to the parameters of Contain a 2071	01.00 and 607 1609 Florida C	totutos the ob	2011	named corr	poration submits this statement for the p			hazafajaan ati
office (or registered agent, or both, in the St	tate of Florida. Such change v	vas authorized	d by I	the corporat	tion's board of directors. I hereby accep	t the appo	intment as	registered
agent	I am familiar with, and accept the of	oligations of, Section 607.0508	5, Florida Statu	utes.					
SIGNATUR	Signal of the public limit on or control of the second control of the control	the state of the Health state of the state o	/MOTE Brackered	d Agonl	Lé coalura roa u	red when reinstaling)	DATE		
12.		AND DIRECTORS	13.	Aygeon	s gratore redoi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	P	☐ DELETE		TLE	······			Change	Addition
NAM5	GONZALEZ, JOSE DAVID		1.2 NA	ME					
STREET ASOHat	46744 ANY AA AT		1.3 ST	REET A	DDRESS				
CHY+\$1+7⊮	MIAMI FL			TY-ST-	1	•			
TILE	SD	☐ DELETE					·	Change	Addition
NAMe	RODRIGUEZ, JUAN CARLO	S	2.2 NA	ME					
STREET ADDISC	7115 N. AUGUSTA DR.		2.3 \$1	REET A	ODRESS				
CITY - ST - ZIP	MIAMI FL		2 4 C	ITY-ST	- ZIP				
THEE		DELETE	3 1 717	TLE.				Change	Addition
NAVE			3 2 NA	AME					
STREET ADDRES	5.s.		3.3 STI	REET A	DDRESS				
CITY - S1 - 210									
			3 4 CI	ITY-ST	- ZIP				
FILE		DELETE			- ZIP			Change	Addition
FILLE NAME		DELETE		īLE	- ZIP			Change	Addition
	2.4	☐ DELETE	4.1 TiT 4. 2 N/	TLE AME	- ZIP DDRESS	3.47		Change	Addition
NAVE	2.5		4.1 TH 4. 2 NA 4.3 STI 4.4 CH	ILE Ame 'Reet A	DDRESS				
NAME STREET ADDR	2.4	☐ DELETE	4.1 TH 4. 2 NA 4.3 STI 4.4 CH	ILE AME REET A TY-ST-	DDRESS			☐ Change	Addition
NAME STREET ADDR : CITY+ST-7IP	226		4.1 TH 4. 2 NA 4.3 STI 4.4 CH	TLE AME REET A TY-ST-	DDRESS				
NAME STREET ADDRES COTY-SE-70P TOLE			4.1 TH 4.2 N/ 4.3 STI 4.4 CH 5.1 TH 5.2 NA	TLE AME REET A TY-ST- TLE AME	DDRESS				
NAME STREET ADDR: COTY-ST-ZOR TOLE NAME	4.	DELETE	4.1 TH 4.2 N/ 4.3 STI 4.4 CH 5.1 TH 5.2 NA 5.3 STI 5.4 CH	TLE AME REET A TY-ST- TLE AME	ODRESS - ZIP - DORESS			Change	☐ Addition
MAME STREET ADDRESS COTY-ST-70F TOTE AAME STREET ADDRESS	4.		4.1 TH 4.2 N/ 4.3 STI 4.4 CH 5.1 TH 5.2 NA 5.3 STI 5.4 CH	ILE AME TY-ST- ILE AME TREET A TY-ST-	ODRESS - ZIP - DORESS				
NAME STREET ADDR: COTY-ST-7IP TOTE NAME STREET ADDR-COTY-ST-7IP	4.	DELETE	4.1 TH 4.2 N/ 4.3 STI 4.4 CH 5.1 TH 5.2 NA 5.3 STI 5.4 CH	TLE AME TY-ST- TLE AME TY-ST- TLE TLE TLE TLE TLE TLE	ODRESS - ZIP - DORESS			Change	☐ Addition
MAME STREET ADDR: CUTY-SU-ZIP TOTE AAM: STREET ADDR: CUTY-SU-ZIP TOTE TOTE TOTE TOTE TOTE TOTE TOTE TOT	<.	DELETE	4.1 TH 4.2 N/ 4.3 STH 4.4 CH 5.1 TH 5.2 NA 5.3 STH 5.4 CH 6.1 TH 6.2 NA	TLE AME TY-ST- TLE AME TREET A TY-ST- TLE	ODRESS - ZIP - DORESS			Change	☐ Addition

4. Let hereby deatly 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 indicated on this armust report or suppliemental 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 prector of the confloration or the receiver or prostice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33(charge) of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/97

Liaytime Phone #