

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001474658

-05/04/95--01002--019

*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000056963 (9)

1. Corporation Name

7-47 DISCOUNT, INC.

Principal Place of Business

**4700 N.W. 7TH STREET
MIAMI FL 33126**

Mailing Address

**4700 N.W. 7TH STREET
MIAMI FL 33126**

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

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**

6. This corporation has liability for intangible tax under S. 197.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RUBIO, MARLENE

4700 N.W. 7TH STREET

MIAMI FL 33126

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 (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PSD
RUBIO, MARLENE
4700 N.W. 7TH STREET
MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**VD
RUBIO, ALFREDO
4700 N.W. 7TH STREET
MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY ST ZIP

☐ Change ☐ Addition

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY ST ZIP

☐ Change ☐ Addition

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY ST ZIP

☐ Change ☐ Addition

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

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)(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 liquidator 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

(Type)

(Typed Name)