FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000082015 (6)

1. Corporation Name

HAITI DISCOUNT MARKET, INC.

Principal Place of Business
562 11TH ST N
NAPLES FL 33999

Mailing Address
562 11TH ST N
NAPLES FL 33999

3. Date Incorporated or Qualified: **11/07/1994**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0532782** 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

ST. FLEUR, GEORGE
562 11TH ST N
NAPLES FL 33999

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 New Registered Agent, if Changing — Date

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ST. FLEUR, GEORGE 2100 SW 41 ST NAPLES FL	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MYRTLE, JOSEPH 5392 NW 23 ST LAUDERHILL FL	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYRTIL, SILFINA 2100 SW 41 ST NAPLES FL	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		[ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is true and correct to the best of my knowledge, and that the exemption stated in Section 119.07(3)(i), Florida Statutes, if applicable, has not been established by prior agency action. 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 added above.

SIGNATURE: George St Fleur
SIGNATURE AND TYPE OR PRINT NAME OF REPORTING OFFICER OR DIRECTOR

4/9/96 — Date
941-434-9119 — Daytime Telephone Number

GEORGE ST FLEUR

CR2E034 (12/95)