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Mailing Address 562 11TH ST N

NAPLES FL 34102-5647

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

562 11TH ST N NAPLES FL 33999

DOCUMENT # P94000082015 (6)
1. Corporation Name

HAITI DISCOUNT MARKET, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1994 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0532782 Not Applicable 21 26 Suite. Apt. #. ctc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country ZID Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ST. FLEUR, GEORGE 562 11TH ST N Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33999 83 84 City 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. Lam familiar with land accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature: type it or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 DILE ST. FLEUR, GEORGE NAME 1.2 NAME 2100 SW 41 ST 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 2.1 TiTLE TITLE MYRTIL, SILFINA 2.2 NAME NAME 2100 SW 41 ST 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TILLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-7IP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREEL ADDRESS 4.3 STREET ADDRESS City-St-ZIP 44 CITY - ST - ZIP DELETE Add tion 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THILE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

STREET ADDRESS

CHATURE AND TYPES ON PRINTED NAME OF BERNING OFFICER OR DIRECTOR

ST. FLEUR

1/13/97 941-434-9119

(96/6)

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FILED

Jan 21 1997 8:00am

Secretary of State