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 # P94000088672

1. Corporation Name
DISCOUNT PROPERTY SERVICES, INC.

Principal Place of Business
221 S.W.22nd. Avenue
Suite 219
Miami Florida 33135

Mailing Address

3. Date Incorporated or Qualified: 12/07/1994	3a. Date of Last Report:
4. FEI Number: 65-0549047	☐ 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	

21	2. Principal Place of Business: 221 S.W. 22nd Avenue	26	2a. Mailing Address:
22	Suite, Apt. #, etc: 219	27	Suite, Apt. #, etc:
23	City & State: Miami Fla. 33135	28	City & State:
24	Zip: / 25 Country:	29	Zip: / 30 Country:

9. Name and Address of Current Registered Agent

Vega Rey
4530 S.W. 135th. venue
Miami Fla. 33175

10. Name and Address of New Registered Agent

81 Name: Nestor Alvarez Atty
82 Street Address (P.O. Box Number is Not Acceptable): 3971 S.W. 8th Street Ste. 209
83
84 City: Miami Fla. FL 85 Zip Code: 33134

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: ____ Type or Print Name of Registered Agent and Title if Applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/President Vega Rey 4530 S.W. 135th. Ave. Miami Fl. 33175 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/President. Jose O. Garcia 221 S.W. 22nd. Ave. No. 219 Miami Fla. 33135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Vice President. Vega Domingo 4530 S.W. 135th Avenue Miami Fla. 33175 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/Vice/President Murray Rose 221 S.W. 22nd. Avenue No. 219 Miami Fla. 33135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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: J. Garcia Pres. 2/15/96 305-643-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #