FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000012687 (5)

FILED Apr 27 1998 8:00am Secretary of State

	SY DOLLAH DISCOUNT, INC Se of Business 4 COURT 1144	Mailing Address 1221 S.W. 84 COURT MIAMI FL 33144		DO NOT WRITE IN T	
				02/09/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 823 Suite, Apt.	S.W. 8th Avenue	Suite, Apt. #, etc.		65-0643888	Not Applicable \$8.75 Additional
22	. ₩, 616.	27		5. Certificate of Status Desired	Fee Required
City & Stat	i, Florida	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
331			30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
12	OMINGUEZ, BEATRIZ 121 S.W. 84 COURT IAMI FL 33144		82 Street Ac	BEATRIZ DOMINGUEZ ddress (P.O. Box Number is Not Acceptable) 823 S.W. 8th Avenue	
			84 City	Miami	FL 85 Zip Code 33130
agent. I a SIGNATURE	am familiar with, and accept the obligation of t	it and lite if applicable (NOTE	orrida Statutes. F Registered Agent signature re	orporation submits this statement for the purporation's board of directors. I hereby accept the squired when reinstating) ADDITIONS/CHANGES TO OFFICERS	NTE
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	AGUILERA, GENOVEBO 1221 S.W. 84 COURT MIAMI FL 33144		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	•	
TITLE	SO	DELETE		PRESIDENT-SECRETARY	Change Addition
NAME STREET ADDRESS	DOMINGUEZ, BEATRIZ 1221 S.W. 84 COURT MIAMI FL 33144		22 NAME 23 STREET ADDRESS	DOMINGUEZ, BEATRIZ 823 S.W. 8th Ave.	
CITY+ST-ZIP TITLE	WIDOW 1E SS 144	DELETE		Miami, Florida 33130	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	TREASURER JESUS CATA 1853 S.W. 8th Ave	— • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP		Deceto		Miami, Florida 33130	☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE 4.2 NAME		THE CHRINGS THE VOCUDION
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DÉLETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. Thereby certify 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 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.