

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000035537 (5)**

1. Corporation Name
PEREA DISCOUNT, INC.

Principal Place of Business 5755 WEST FLAGLER STREET #107 MIAMI FL 33126	Mailing Address 5755 WEST FLAGLER STREET #107 MIAMI FL 33144-3444
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2. Principal Place of Business 5755 West Flagler St Suite, Apt. #, etc #107 City & State Miami, FL Zip 33144		2a. Mailing Address 5755 W. Flagler St. Suite, Apt. #, etc #107 City & State Miami, FL Zip 33144		3. Date Incorporated or Qualified 04/23/1996		3a. Date of Last Report 	
21. 5755 West Flagler St Suite, Apt. #, etc #107 City & State Miami, FL Zip 33144		26. 5755 W. Flagler St. Suite, Apt. #, etc #107 City & State Miami, FL Zip 33144		4. FEI Number 65-0659778		Applied For <input type="checkbox"/> Not Applicable	
22. #107		27. #107		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Miami, FL		28. Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33144		25. USA		29. 33144		30. USA	
24. 33144		25. USA		29. 33144		30. USA	

9. Name and Address of Current Registered Agent PEREA, RAFAEL 5758 WEST FLAGLER STREET MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 5755 West Flagler St #107 83 84 City Miami FL 85 Zip Code 33144			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREA, RAFAEL			1.2 NAME	Perea, Rafael		
STREET ADDRESS	5755 WEST FLAGLER STREET #107			1.3 STREET ADDRESS	5755 W. FLAGLER ST #107		
CITY-ST-ZIP	MIAMI FL 33144			1.4 CITY-ST-ZIP	MIAMI, FL 33144		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	YVETTE PEREA		
STREET ADDRESS				2.3 STREET ADDRESS	5755 W. FLAGLER ST #107		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MIAMI, FL 33144		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby 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 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 given attachment with an address.

SIGNATURE:  **REQUIRED** Date **4/17/97** Daytime Phone # **(305) 270-2424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)