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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000070057 (0)

PRIME DISCOUNT BUYING SERVICE, INC.

FILED May 14 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				- THE STREET THE DOLL OF BUILD BOTH AND STREET OF STREET STREET STREET STREET STREET STREET STREET STREET STREET				
850 CAMINO (BOCA RATON	GARDENS BOULEVARD, SUITE 200 FL 33432	350 CAMINO GARDENS BOULEVARD. SUITE 200 BOCA RATON FL 33432-5825								
						3. Date Incorporated or Qualified 08/22/1996	3a. Dat	e of Last f	Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26				65.068758	هـِ	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to Fees		
Zip	Country	ry Zip Co		Country		8. This corporation has liability for in	tangible t	ax under s	s. 199.032,	
24	25	29 30				Florida Statutes	Yes No			
	g, Name and Address of Curren	Registered Agent				10. Name and Address of New Reg	istered A	gent		
AME	ERILAWYER CHARTERED			61	Name					
343 ALMERIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
	RAL GABLES FL 33134		82 Street Add			ress (F.O. Box Number is Not Acceptable	еј			
• • • • • • • • • • • • • • • • • • • •			ļ	63						
			1							
	A		- !	B4	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Soutions 607 0502	and 607 508 Florida Statu	tes the ab		named core	poration submits this statement for the ou		hanging	ite registered	
office or r	egistered agent, or both in the State	of Flory la. Buch change was	authorized	by t	the corporal	poration submits this statement for the pulion's board of directors. I hereby accep	the appo	intment as	s registered	
agent. La	m tamiliar with, find accept the objiga	itions of, Section 607.0505, F	lorida Statu	люs.						
SIGNATURE	Signature, type Loc pinted name of registered agei	Timo true capil cable (NC	T. 6	.		red when reinstalling)	DATE			
12.	Signature, type to planted name of registered ager OFFICERS AND			Agent	1 signature requir			DIDECTO	DO IN 40	
TITLE	PID DELETE		13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	SMOLEV, IRA			1.2 NAME				Change	LJ Addition	
· -	350 CAMINO GARDENS BOUL	EVADO CHITE OOO				•				
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CITY-ST-ZIP	BOCA RATON FL 33432	T priese	1.4 CH		- 7IP					
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NAME				ME						
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CITY-ST-ZIP	BOCA RATON FL 33432	····	2 4 011	IY-\$1	- ZIP					
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NAME			3.2 NAI	ME						
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NAME			4 2 N4	ME						
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NAME		_	5.2 NAI		1		•			
STREET ADDRESS					DDRESS					
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NAME			6.2 NAI							
STREET ADDRESS	•				DDRESS				Ì	
CITY-ST-ZIP	overify that the information of	Original and a Roman street of the	6.4 CIT	Y-\$1-	-7(P	11. 0. 10. 440 07/01/2 65 11. 0				

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the iplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Information indicated on this annual report am an officer or director of the corporation appears in Block 12 or Block 13 if change