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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700000700 (9)

A & S DISCOUNT, INC.

FILED

Apr 16 1998 8:00am Secretary of State

(954) 973 - 4977

Principal Place of Business Mailing Address RO. 1					IFF DULIT DUILL QUIT DEAFF LEDIA DUILL QUIL FOOL
MARGATE FL 33063 MARGATE FL 33063 MARGATE FL 33063			•	DO NOT WRI	TE IN THIS SPACE
1				3. Date Incorporated or Qualified	
				01/03/1997	
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 2440	STATE RO. 7.	26		65-071936	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 SANE City & State	···		Fee Required
23 MARG		28		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	
24 324	25 USA		30	Personal Property Tax due Ju	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
MONTANER, ALEJANDRO BI NATIONALIZANDER ALENANDER					
	462 N. STATE ROAD 7	ddress (P.Q. Box Number is Not Accep	table)		
MARGATE FL 33063 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063					1
l			83		
			84 City		- 85 Zip Code
			<u> Mar</u>	gate	FL 33063
l office or re	egistered agent, or both, in the State o	of Florida. Such change was au	thorized by the corno	orporation submits this statement for the eration's board of directors. I hereby acc	ept the appointment as registered
agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	<u> </u>	A CONTRACTOR OF THE CONTRACTOR	Registered Agent signature re		<u>'liə [48</u>
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	<u> </u>	FICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE	OSO .	Change Addition
NAME	MONTANER, ALEJANDRO		12 NAME	hontaner , alle jan dr	0
STREET ADDRESS	2462 N. STATE ROAD 7		1.3 STREET ADDRESS	2440 M. STATE RO. 7	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	Margate, pl 330	<i>i</i> 63
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME.			4.1 TITLE 4. 2 NAME		E Grange E Adultion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY+ST+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		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental	h this filing does not qualify for annual report is true and accur	the exemption stated	in Section 119.07(3)(i), Florida Statutes ature shall have the same legal effect a	. I further certify that the information s 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.					

PRESIDENT