


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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000000805 (6)**

1. Corporation Name  
**NORTHSTAR DISCOUNT, INC.**



Principal Place of Business <b>215 NW 152ND AVE. PEMBROKE PINES FL 33028</b>	Mailing Address <b>215 NW 152ND AVE. PEMBROKE PINES FL 33028</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/06/1997**

2. Principal Place of Business <b>21 9933 Miramar Pky</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 9933 Miramar Pky</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miramar FL</b>	City & State <b>28 Miramar FL</b>
Zip <b>24 33025</b>	Country <b>25 U.S.A</b>
Zip <b>29 33025</b>	Country <b>30 U.S.A</b>

4. FEI Number  
**65-0726999**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIRANI, ALKARIM  
215 NW 152ND AVE.  
PEMBROKE PINES FL 33028**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>VIRANI, ALKARIM</b>	
STREET ADDRESS	<b>215 NW 152ND AVE.</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33028</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>VIRANI, ARIMUDDIN</b>	
STREET ADDRESS	<b>215 NW 152ND AVE.</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33028</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 on an attachment with an address.

SIGNATURE:

*Alkarim Virani*

*1/12/98*

CR2E034 (10/97)