DOCUMENT # P99000107389

1. Entity Name

DISCOUNT STORE "EL MILAGRO", CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90967 033 ***150.00

Principal Place of Business	Mailing Address
515 S.W. 2 AVE., STE 521-A	515 S.W. 2 AVE., STE 521-A
MIAMI FL 33130	MIAMI FL 33130

2. Principal Place of Business	3. Mailing Address
515 S.W. 12 AVE.	515 S.W. 12 AVE.
Suite, Apt. #, etc. STE 521-A	Suite, Apt. #, etc. STE 521-A
City & State MIAMI FL	City & State MIAMI FL
Zip 33130 / Country US	Zip 33130 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967136 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLEGO, CARMEN 515 S.W. 2 AVE. STE 521-A MIAMI FL 33130	Name GALLEGO, CARMEN Street Address (P.O. Box Number is Not Acceptable) 515 S.W. 12 AVE. STE 521-A City MIAMI FL Zip Code 33130

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: x [signature] x 04-27-00

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $650.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☒ Delete TITLE PD NAME GALLEGO, CARMEN STREET ADDRESS 515 S.W. 2 AVE., STE 521-A CITY-ST-ZIP MIAMI FL 33130	☒ Change ☐ Addition TITLE PD NAME GALLEGO, CARMEN STREET ADDRESS 515 S.W. 12 AVE., STE 521-A CITY-ST-ZIP MIAMI FL 33130
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] Carmen Gallego 04/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305-326-7781