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May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01691

1. Corporation Name
DINA'S DISCOUNT, INC.

Principal Place of Business
9841 SW 40 ST
MIAMI FL. 33165

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/24/1990	3a. Date of Last Report: 01/31/97
4. FEI Number: 65-0218104	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ORLANDO CASTRO
2835 SW 38 Ct.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: THOMAS P. MAROON SR.
82 Street Address (P.O. Box Number is Not Acceptable): 12300 SW 99 AVE
83
84 City: MIAMI FL 85 Zip Code: 33176

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: THOMAS P. MAROON SR. — 5-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ORLANDO CASTRO	1.2 NAME	THOMAS P. MAROON SR.
STREET ADDRESS	2835 SW 38 CT.	1.3 STREET ADDRESS	12300 SW 99 AVE
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	SEC/TRE. ☒ DELETE	2.1 TITLE	SEC/TRE ☒ Change ☐ Addition
NAME	DINA CASTRO	2.2 NAME	ELSA MAROON
STREET ADDRESS	2835 SW 38 CT	2.3 STREET ADDRESS	12300 SW 99 AVE
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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		6.4 CITY-ST-ZIP	

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CS 5/27/97

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: THOMAS P. MAROON SR. — 5-20-97 (305)552-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #