

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 522606 (3)

1. Corporation Name

SEDANO'S PHARMACY AND DISCOUNT STORES, INC.



Principal Place of Business

Mailing Address

9686 SW CORAL WAY
MIAMI FL 33165

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MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
780 NW LEJEUNE ROAD
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 782 NW LeJeune Road
83 Suite 543
84 City Miami FL 85 Zip Code 33126

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

Jose M Marquez

3/22/96

Signature, by either printed name of registered agent and title, or applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GUERRA, ARMANDO J. | |
| STREET ADDRESS | 8450 S.W. 48 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | HERRAN, MANUEL A. | |
| STREET ADDRESS | 8460 SW 5TH STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | GUERRA, ALBERTO | |
| STREET ADDRESS | 1541 BRICKELL AVE 1507-C | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | SALGUEIRO, HEBERTO | |
| STREET ADDRESS | 1524 SW S66 COURT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | DIAZ, JOSE F | |
| STREET ADDRESS | 9120 SW 101 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 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 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DVP DIAZ, JOSE F |
| 5.3 STREET ADDRESS | 9301 S.W. 103 ST |
| 5.4 CITY-ST-ZIP | Miami FL 33176 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jose F. Diaz

Jose F. Diaz

Director

1-33-96 226-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR TELEPHONE NUMBER

CR2E034 (12/95)