

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

**FILED**  
**Feb 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 522606 (3)**  
 1. Corporation Name  
**SEDANO'S PHARMACY AND DISCOUNT STORES, INC.**



Principal Place of Business <b>9686 SW CORAL WAY MIAMI FL 33165</b>	Mailing Address <b>9686 SW CORAL WAY MIAMI FL 33165-6096</b>
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<b>3.</b> Date Incorporated or Qualified <b>12/27/1976</b>	<b>3a.</b> Date of Last Report <b>04/02/1996</b>
<b>4.</b> FEI Number <b>59-1728771</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**MARQUEZ, JOSE M**  
**782 NW LEJEUNE ROAD**  
**SUITE 543**  
**MIAMI FL 33126**

**10. Name and Address of New Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	<del>8450 S.W. 48 ST</del>	
CITY - ST - ZIP	<del>MIAMI FL</del>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HERRAN, MANUEL A.	
STREET ADDRESS	8480 SW 5TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GUERRA, ALBERTO	
STREET ADDRESS	<del>1541 BRICKELL AVE 1507-C</del>	
CITY - ST - ZIP	<del>MIAMI FL</del>	
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	OK DIAZ, JOSE F	
STREET ADDRESS	9301 SW 103RD ST	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUERRA, ARMANDO J.	
1.3 STREET ADDRESS	9475 JOURNEYS RD	
1.4 CITY - ST - ZIP	CORAL GABLES FL 33150	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	241 CAPE FLORIDA DR.	
3.3 STREET ADDRESS	KEY BISCAINE, FL.	
3.4 CITY - ST - ZIP	33149	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: Armando J. Guerra 1/16/97 226-2507  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)