

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F49539 (2)**

1. Corporation Name

NAVARRO DISCOUNT PHARMACIES NO. 2, INC.



Principal Place of Business

3949 S.W. 8TH STREET
MIAMI FL 33134

Mailing Address

3949 S.W. 8TH STREET
MIAMI FL 33134

3. Date Incorporated or Qualified 10/13/1981	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2130901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOSE F. NAVARRO
4051 N.W. 26TH STREET
MIAMI FL 33142**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. 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

Signature of principal place of business or principal office (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAVARRO, JOSE F 4041 NW 26 ST MIAMI, FL 00000 <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD NAVARRO, LUIS G 1019 VENETIA AVENUE CORAL GABLES FL <input type="checkbox"/> DELETE	2. 1. TITLE 2. 2. NAME 2. 3. STREET ADDRESS 2. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUIS G. NAVARRO 1019 VENETIA AVENUE CORAL GABLES FL <input type="checkbox"/> DELETE	3. 1. TITLE 3. 2. NAME 3. 3. STREET ADDRESS 3. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4. 1. TITLE 4. 2. NAME 4. 3. STREET ADDRESS 4. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 1. TITLE 5. 2. NAME 5. 3. STREET ADDRESS 5. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6. 1. TITLE 6. 2. NAME 6. 3. STREET ADDRESS 6. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted 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, 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 of this report as an attachment with an address.

SIGNATURE:

Jose Navarro
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 305-871-2789
DATE OF FILING STATE OF FLORIDA

CR2E034 (12/95)