

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

FILED

**Feb 04 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 # F92897 (0)
1. Corporation Name
VISA PHARMACY AND DISCOUNT STORE INC.



Principal Place of Business: **1700 W 68TH ST HIALEAH FL 33014**
Mailing Address: **1700 W 68TH ST HIALEAH FL 33014-4437**

3. Date Incorporated or Qualified: **08/02/1982**
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2231205**
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
**MARQUEZ, JOSE M.
782 NW LEJEUNE SUITE 548
MIAMI FL 33126**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 agent 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	6450 SW 48TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUERRA, ALBERTO	
STREET ADDRESS	4630 WEST 48TH ST, #405	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUERRA, ORLANDO	
STREET ADDRESS	580 E 60 ST	
CITY - ST - ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOPEZ, EDDY	
STREET ADDRESS	922 NW 106 AVE CIRCLE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9475 Journey's End Road
1.4 CITY - ST - ZIP	Coral Gables, FL. 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	241 Cape Florida Dr.
2.4 CITY - ST - ZIP	Key Biscayne, FL. 33149

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: *Orlando Guerra* ORLANDO GUERRA 01-06-1997 305-556 8008

CR2E034 (9/96)