

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # G39835 (5)**

**1. Corporation Name GRANADA PHARMACY, INC.**



**Principal Place of Business**  
 % ANDRES RODRIGUEZ  
 4705 S.W. 8TH ST. 7167 S.W. 8 ST  
 MIAMI FL 33134 33144

**Mailing Address**  
 % ANDRES RODRIGUEZ  
 4705 S.W. 8TH ST. 7167 S.W. 8 ST  
 MIAMI FL 33134 33144

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 7167 S.W. 8 STREET	<b>26</b> 7167 S.W. 8 Street
<b>22</b> Suite, Apt. #, etc:	<b>27</b> Suite, Apt. #, etc:
<b>23</b> MIAMI FLORIDA	<b>28</b> MIAMI, FLORIDA
<b>24</b> 33144	<b>29</b> 33144
<b>25</b> DADE	<b>30</b> DADE

<b>3. Date Incorporated or Qualified</b> 05/18/1983	<b>3a. Date of Last Report</b> 05/01/1995
<b>4. FEI Number</b> 59-2289680	Applied For Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
 RODRIGUEZ, ANDRES  
 4705 S.W. 8TH ST.  
 MIAMI FL 33134

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

<b>81</b> Name	RODRIGUEZ ANDRES
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	7167 S.W. 8 Street
<b>83</b>	
<b>84</b> City	MIAMI
<b>85</b> Zip Code	FL 33144

**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 the person named as registered agent and of each director

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	RODRIGUEZ, ANDRES	
<b>STREET ADDRESS</b>	4630 SW 4TH ST	
<b>CITY-ST-ZIP</b>	MIAMI, FL 00000	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	RODRIGUEZ, CARMEN	
<b>STREET ADDRESS</b>	4630 S.W. 4TH ST.	
<b>CITY-ST-ZIP</b>	MIAMI FL	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	RAMOS, EUMELIA	
<b>STREET ADDRESS</b>	801 S.W. 47TH AVE.	
<b>CITY-ST-ZIP</b>	MIAMI FL	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY-ST-ZIP	
<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME	
<b>23</b> STREET ADDRESS	
<b>24</b> CITY-ST-ZIP	
<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY-ST-ZIP	
<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY-ST-ZIP	
<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY-ST-ZIP	
<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/96  
 (305) 644-9002

CR2E034 (3/96)