

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 522606

**Entity Name:** SEDANO'S PHARMACY AND DISCOUNT STORES, INC.

**Current Principal Place of Business:**

1390 SOUTH DIXIE HIGHWAY SUITE 1200  
CORAL GABLES, FL 33146

**Current Mailing Address:**

2100 SALZEDO STREET  
300  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-1728771

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GUERRA, ARMANDO J  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

Title DS  
Name HERRAN, MANUEL A  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

Title DVP  
Name GUERRA, ALBERTO  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name SALGUEIRO, HEBERTO  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

Title DVAS  
Name DIAZ, JOSE F  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

Title DVP  
Name GUERRA, MARIA C  
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO J GUERRA

PD

02/24/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date