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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 21508

101

FILED Apr 28 1997 8:00am Secretary of State

1. Corporation Name MAJORCA DRUG STORE INC Principal Place of Business Mailing Address 1823 PONCE DE LEON CORAL GABLES FL 33134 CORAL GABLES FL 33134									
						3. Date incorporated or Qualif 10/01/1958		Date of Last I /11/1996	Report
,	lace of Business	J1	2a. Mailing Address 26 Suite. Apt. #. etc.			4. FEI Number	h		pplied For
Suite, Apt						59-0936341	· · · · · · · · · · · · · · · · · · ·		lot Applicable
Suite, Apr	#, eu;.	27	νι, #, Θ ις,			5. Certificate of Status Desired			Additional Regulred
City & State	e	City & St	ate			6. Election Campaign Financia			May Be
]		28				Trust Fund Contribution			to Fees
- Ζιρ 1	Country	Zip		Countr	У	8. This corporation has liability			s. 199.032,
1	9, Name and Address of Curre	29		30		Florida Statutes 10. Name and Address of Net	Yes		
DAD	DO, ROBESPIERRE	ent neglisteren Ağı	7111	81	Name	10. Hame and Address of He	w neglatere	, Wattr	
	3 PONCE DE LEON BLVD.								
	RAL GABLES FL			62	2. Street Ac	dress (P.O. Box Number is Not Acce	eptable)		
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				_				Tele	
				84	City		F	85 Zip	Code
NONIA TILIDE			607.0505, F	authorized p lorida Statute	by the corpo es.	orporation submits this statement for ration's board of directors. I hereby a	iccept the ap	pomenent a	s regisiered
NONIA TILIDE	Signature, hipped or printed harrie of registered is OFFICERS A	agent and little if applicable			gent signature re	ration's board of directors. I hereby a quired when reinstating) ADDITIONS/CHANGES TO (DATE		RS IN 12
SIGNATURE. 2. ITLE IAME IREET ADDRESS	Sgreams, rypna or printed name of registered is OFFICERS A PD PARDO,ROBESPIERRE 1823 PONCE DE LEON BLVI	agent and title if applicable IND DIRECTORS	(NO)	13. 1.1 TITLE 1.2 NAME	gent signature re	quired when reinstating)	DATE	ID DIRECTO	RS IN 12
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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: \

Roberpieres Paeso) 4-21-97 Daytime Phone #

0180741