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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

247183

(7)

NAVARRO DISCOUNT PHARMACIES NO. 3, INC.

FILED Mar 16 1998 8:00am Secretary of State



Principal Plac	on of Business		Mailing Address				illi ekril bleit dibil bibil i	/IBIN #/BIN IBAN	
Principal Place of Business Mailing Address 1243 S.W. 8TH STREETT 1243 S.W. 8TH STREETT MIAMI FL 33135 MIAMI FL 33135									
							DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified			
2. Principal F	Place of Busine		2a. Mailing Addre	SS.		05/04/1961 4. FEI Number		Applied For	
					Ave.	59-1938188		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, e		370.	\$9.75 Addisin			
22			27			5. Certificate of Status Desired		Required	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
23 Miami	l,	Florida	28 Miami	Fl		Trust Fund Contribution Added to Fees			
Zip 24 33135	5 2	Country USA	2iρ 29 33142	. —	untry USA	8. This corporation owes or has p			
24 00 100			rent Registered Agent	30	USA	Personal Property Tax due Jun 10. Name and Address of New R		∐ No	
,in	SE F. NAVAF				81 Name		-gulou rigolit		
-4041-NW-26-STR					82 Street Ad	Same			
MIAMI FL 33142					oz Sireet At	Idress (P.O. Box Number is Not Accepta	ibie)		
					83 595	9 N.W. 37 ave.			
					84 City	, min 3, ave.	85 Zi	p Code	
					M	iami		2142	
11. Pursuant	to the provision	ns of Sections 607.0	502 and 607.1508, Florida	Statutes, the a	bove-named co	prporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing	its registered	
agent. I a	ım tamiya	d accept the obl	ligations of, Section 607.0	505, Florida Sta	tutes.	ation's board of directors. Thereby acce	prime appointment	as registered	
SIGNATURE							2-24-	.98	
12. /	Photograph typed or	4	agnot and title if applicable AND DIRECTORS	(NOTE: Registere	d Agent signature re	quired when reinstating)	DATE	200 11 40	
TITLE	PD	OI TIELTIE F	DELE		TIF T	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO		
NAME	NAVARRO	JOSE F.		1.2 N	ļ	Same			
STREET ADDRESS	4051 NW				TREET ADDRESS	5959 N.W. 37 ave		1	
CITY-ST-ZiP	MIAMI FL				ITY-ST-ZIP	Miami, Fl 33142	•	e Addition	
TITLE	V		DELE			MIGHT, PI JUITE	Change	a Addition	
NAME	NAVARRO	, LUIS G.		2.2 N	4	Same			
STREET ADDRESS		ETIA AVENUE			TREET ADDRESS	5959 N.W. 37 ave			
CITY-ST-ZIP	CORAL G				ITY-ST-ZIP	Miami, Fl 33142	•		
TITLE	SD	· · · · · · · · · · · · · · · · · · ·	DELE			***************************************	Change	Addition	
NAME	NAVARRO	, LUIS G.		3.2 N	AME .	Same	v	_ "	
STREET ADDRESS	1019 VEN	ETIA-AVENUE		3.3 S	FREET ADDRESS	5959 N.W. 37 Ave	•	,	
CITY-ST-ZIP	CORAL G	ABLES FL		3.4. 0	łTY+ST+ZIP	Miami, Fl 33142		İ	
TITLE			☐ DELE				☐ Change	Addition	
NAME				4, 2 N	AME				
STREET ADDRESS				4.3 \$1	REET ADDRESS				
CITY-ST-ZIP			<u>.</u>	4.4 CI	TY-ST-ZIP				
TITLE			DELE	TE 5.1 TI	TLE		Change	Addition	
NAME				5.2 N/	AME				
STREET ADDRESS				5.3 \$1	REET ADDRESS			1	
CITY-ST-ZIP			·		TY-ST-ZIP			i	
TITLE			☐ DELE	TE 6.1 TO	rl.ŧ		Change	Addition	
NAME				6.2 N/	IME			Į	
STREET ADDRESS				6.3 \$1	REET ADDRESS			ĺ	
CITY-ST-ZIP			1		TY - ST - ŽIP		· · · · · · · · · · · · · · · · · · ·		
14. I hereby c	certify that the in	normation supplied	With this filing does not at	ralify for the exe	motion stated	n Section 119.07(3)(i). Florida Statutes, I	further certify that th	e information	

Increase certain 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 arrived open of the capital arrived arrived 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 copy of the property of the capital processor arrived empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cylindrical accurate with an address.

President