

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

1996 2-10-96 B-1196-0

DOCUMENT # **259830 (8)**

1. Corporation Name  
**B & S DRUGS INC**



Principal Place of Business: **638 NW 27TH AVENUE MIAMI FL 33125**  
Mailing Address: **638 NW 27TH AVENUE MIAMI FL 33125**

3. Date Incorporated or Qualified <b>06/11/1962</b>	3a. Date of Last Report <b>02/13/1995</b>
4. FEI Number <b>59-0968518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
22. City & State	23. City & State
23. Zip	24. Zip
25. Country	26. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUEZ, JOSE M.**  
~~788 NE LEJEUNE RD #400~~  
~~MIAMI FL 33126~~

81. Name <b>JOSE M. MARQUEZ</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>782 NW LeJeune Road</b>	
83. Suite <b>Suite 548</b>	
84. City <b>Miami</b>	85. Zip Code <b>FL 33126</b>

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: *Jose M. Marquez* DATE: **1/22/96**  
Signature, type, or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	HERNANDEZ, VIRGLIO	9805 S.W. 64TH ST.	MIAMI FL	
V	CEPERO, JUAN E.	2671 SW 99 CT.	MIAMI FL	
S	MARQUEZ, JOSE M.	<del>788 NE LEJEUNE RD #400</del>	<del>MIAMI FL</del>	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	MARQUEZ, Jose M.	782 NW LeJeune Road, Suite 548	Miami, Florida 33126	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan E. Cepero* (JUAN E. CEPERO) Vice President 2/13/96 (305) 643-4722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)