

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 522606 (3)

1. Corporation Name

SEDANO'S PHARMACY AND DISCOUNT STORES, INC.

Principal Place of Business

Mailing Address

9686 SW CORAL WAY  
MIAMI FL 33165

9686 SW CORAL WAY  
MIAMI FL 33165



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/27/1976

3a. Date of Last Report

03/06/1995

4. FEI Number

59-1728771

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Road

83

Suite 543

84 City

Miami

FL

85 Zip Code

33126

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, by which the person named as registered agent and title is applicable

(NOTE: Registered Agent's signature required when reappointing)

3/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
GUERRA, ARMANDO J.  
STREET ADDRESS 8450 S.W. 48 ST  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VSD  
HERRAN, MANUEL A.  
STREET ADDRESS 8460 SW 5TH STREET  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DVP  
GUERRA, ALBERTO  
STREET ADDRESS 1541 BRICKELL AVE 1507-C  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DVP  
SALGUEIRO, HEBERTO  
STREET ADDRESS 1524 SW S66 COURT  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DVP  
DIAZ, JOSE F  
STREET ADDRESS 9120 SW 101 AVE  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME DVP  
DIAZ, JOSE F  
5.3 STREET ADDRESS 9301 S.W. 103 ST  
5.4 CITY-STATE-ZIP Miami FL 33176

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jose F. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1-33-96

226-6101

DATE

DEPHONE

CR2E034 (12/95)