

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 046 ***150.00

DOCUMENT # 522606

1. Corporation Name

SEDANO'S PHARMACY AND DISCOUNT STORES, INC.

Principal Place of Business

9686 SW CORAL WAY
MIAMI FL 33165

Mailing Address

9686 SW CORAL WAY
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1976

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
782 NW LEJEUNE ROAD
SUITE 543
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GUERRA, ARMANDO J.
STREET ADDRESS 9475 JOURNEY'S END ROAD
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ~~VSD~~ ☒ DELETE
NAME ~~HERRAN, MANUEL A.~~
STREET ADDRESS ~~8460 SW 5TH STREET~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE DVP ☐ DELETE
NAME GUERRA, ALBERTO
STREET ADDRESS 241 CAPE FLORIDA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ~~DVP~~ ☒ DELETE
NAME ~~SALGUEIRO, HEBERTO~~
STREET ADDRESS ~~1524 SW S66 COURT~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE DVP ☐ DELETE
NAME DIAZ, JOSE F
STREET ADDRESS 9301 SW 103RD ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/VP ☐ Change ☒ Addition
1.2 NAME GUERRA, Maria C.
1.3 STREET ADDRESS 9475 Journey's End Road
1.4 CITY-ST-ZIP Coral Gables, Florida 33156

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME HERRAN, Manuel A.
2.3 STREET ADDRESS 8460 SW 5th Street
2.4 CITY-ST-ZIP Miami, FL 33144

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME SALGUEIRO, Heberto
3.3 STREET ADDRESS 1524 SW 66 Court
3.4 CITY-ST-ZIP Miami, Florida

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify 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 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, with all other like empowered.

SIGNATURE:

ARMANDO J. GUERRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

(305) 226-6101

Daytime Phone #

CR2E034 (11/98)

0237129