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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT # 599638 (4) NAVARRO DISCOUNT PHARMACIES NO. 1, INC.						
rincipal Place of Business	Mailing Address		1 100101 01110 10110 10110 01100 1110			1811 01211 1201
5300 W. FLAGLER ST. MIAMI FL 33134-1148	5300 W. FLAGLER ST. MIAMI FL 33134-1148					
			3. Date Incorporated or Qualified	3a. Date of		
			02/02/1979 4. FEI Number	U4/2	7/199	Diplied For
Principal Place of Business	2a. Mailing Address		59-1883793		-	pplied For lot Applicable
Suite, Apt. #, etc.	26					Additional
	27		5. Certificate of Status Desired			equired
City & State	City & State		6. Election Campaign Financing			May Be
<u> </u>	28		Trust Fund Contribution			to Fees
Zip Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax u s=[]No	inder's	199.032,
25 9, Name and Address of Curre	29 29 Agent	30	10. Name and Address of New F		ent	
g. Name and Addices of Carlo		81 Name				
NAVARRO, JOSE F		82 Street Add	ress (P.O. Box Number is Not Acceptal	hle)		
4041 NW 26 STR		62 Street Add	RESS (1.0. DOX 14d/IIDC) IS 1401 NCCCPIEN	510)		
MIAMI FL 33142		83			,	
		B4 City			85 Zip	Code
Pursuant to the provisions of Sections 607.050				FL	`	
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec	otenia 607 0505. Etorida Statuta	and by the corporation a boc	and of an obtains, interiory according any		5.0.10.00	
, , , , , , , , , , , , , , , , , , , ,		S. OTE: Registered Agent signature require		DATE		
GNATURE: Signature, typed or printed name of registered age	nt and little if applicable (%			FICERS AND DI		RS IN 12
GNATURE Signature, typed or printed name of registered ago OFFICERS AF TLE PT	nd and little if apyliceinte (Ч	OTE: Registered Agent signature require	ed when reinstating)	FICERS AND DI	IRECTOR	
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SIGNATURE:

Jose Navarro ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-871-2789 Daytime Phone #