FILED

Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90195 001 *3,150.00

2002 UNIFORM BUSINESS REPORT (UBR)

599638 DOCUMENT

1. Entity Name

NAVARRO DISCOUNT PHARMACIES NO. 1, INC.

Principal Plac 5300 W. FLAC MIAMI FL 331	GLER ST.	s	Mailing Address 5959 NW 37TH AVENUE MIAMI FL 33142 US											
2. Principal Place of Business			3. Mailing Address			}	I e e i e e e e e e e e e e e e e e e e e		ina in a i	Heit Orkii O	lait atati ali	III B ara	1 01811 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & State			City & State			4. FEI Nu	umber	59-188	3793	<u></u>	H		ied For Applicable]
Zip Country			Zip Country			5. Certificate of Status Desired See Required							1	
	6. Name	and Address of Current R	egistered Agent			7. Name	and Add	iress of N	lew Reg	istered A	gent			1
				1	Name									
NAVARRO, MARCEL 5959 NW 37TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)										
MIAMI FL	33142			<u> </u>							_		,]
					City					FL	Zip C	ode		1
8. The above	named entit	y submits this statement for t	the purpose of changing its	registered of	office or register	ed agent, o	r both, in	the State	of Floric	ia.				1
SIGNATURE.	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	E: Registered Ag	ent signature required	when reinstating	g)			DATE				
														4
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			. ~~~ .										1	
Tax filing r	requirement a	and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	02 Fee wil	l be \$550.00			n Campaig und Contr		cing			May Be Fees	
Tax filing r	requirement a	and elects to do so.	After May 1, 200 Make Check Payab	02 Fee wil	l be \$550.00	te	Trust Fo		ibution.		Àdo	ted to	Fees	1
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Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	PT NAVARRO S959 NW MIAMI FL VS NAVARRO S959 NW	OFFICERS AND D OFFICE	After May 1, 200 Make Check Payab	12. TITLE NAME STREET A	DDRESS DDRESS	te	Trust Fo	und Contr	ibution.		DIRECTO	DRS II	N 11	00001000
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13. 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 report or supplemental 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 epart as reached by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Marcel Navarroy Crocolle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)633 - 3000