

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

**FILED**  
**Jan 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 613637 (8)**

1. Corporation Name  
**WONG PHARMACY DISCOUNT, INC.**



Principal Place of Business <b>1795 E 4TH AVE                  HIALEAH FL 33010</b>	Mailing Address <b>1795 E 4TH AVE                  HIALEAH FL 33010-3121</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/20/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
21	26	4. FEI Number <b>59-1899725</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GONZALEZ, SYLVIA</b> <b>870 S.E. 3RD. PL</b> <b>HIALEAH FL 33010</b>		81 Name <b>Fidel Rodriguez</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1795 East 4th Avenue</b>	
		83	
		84 City <b>Hialeah</b>	85 Zip Code <b>FL 33010</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, 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, SYLVIA</b>	1.2 NAME	<b>Fidel Rodriguez</b>
STREET ADDRESS	<b>870 SE 3RD PL</b>	1.3 STREET ADDRESS	<b>1795 E 4th ave</b>
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>	1.4 CITY - ST - ZIP	<b>Hialeah FL 33010</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, VIVIAN</b>	2.2 NAME	
STREET ADDRESS	<b>870 SE 3RD PL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>	2.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, SYLVIA</b>	3.2 NAME	
STREET ADDRESS	<b>870 SE 3RD PL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **Fidel Rodriguez (President)** 1/30/97 (305) 887-0913  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)