

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F24188

(7)

1. Corporation Name

CORAL PHARMACY DISCOUNT CORPORATION

Principal Place of Business

10684 CORAL WAY
C/O BIENVENIDO LORENZO
MIAMI FL 33165
US

Mailing Address

10684 CORAL WAY
C/O BIENVENIDO LORENZO
MIAMI FL 33165-7917
US



3. Date Incorporated or Qualified

03/25/1981

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 10684 CORAL WAY

Suite, Apt. #, etc.

22 MIAMI, FL

City & State

23 33165

Zip

24 USA

Country

2a. Mailing Address

26 10684 CORAL WAY

Suite, Apt. #, etc.

27 MIAMI, FL

City & State

28 33165

Zip

29 USA

Country

4. FEI Number

59-2085419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LORENZO, BIENVENIDO
8990 CORAL WAY, APT. 27
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name PHILIPPE LAURENCE MEDELL, J.D.
82 Street Address (P.O. Box Number is Not Acceptable)
10684 CORAL WAY
83
84 City MIAMI FL 85 Zip Code 33165

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 the applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LORENZO, BIENVENIDO	
STREET ADDRESS	8990 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORENZO, BLANCA T	
STREET ADDRESS	8990 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIPPE L. MEDELL, J.D.	
1.3 STREET ADDRESS	10684 CORAL WAY	
1.4 CITY-ST-ZIP	MIAMI, FL 33165	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELSA MAROON	
2.3 STREET ADDRESS	12300 SW 99 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	VP ROBERT MEDELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	126 MINORCA AVE	
3.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 or changed, or on an attachment with an address.

SIGNATURE:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

Date

305-552-8586

Daytime Phone #

0222128

CR2E034 (9/96)