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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mé)tham

Secretary of State | | | DIVISION OF CORPORATIONS .

1997 DOCUMENT # F24188

CORAL PHARMACY DISCOUNT CORPORATION

FILED May 02 1997 8:00am Secretary of State

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Principal Place of Business 10684 CORAL WAY C/O BIGNVENIOU TORICHEO MIAMI FL 33165 US		Mailing Address 10684 CORAL WAY C/O RIENATINGO LOTTENE MIAMI FL 33165-7917 US	10684 CORAL WAY C/O BIENNENDO LORENZO MIAMI FL 33165-7917		3. Date Incorporated or Qualified 3a. Date of Last Report	
				03/25/1981	03/11/1996	
2. Principa Pla	ace of Business	2a. Mailing Address	00	4. FEI Number	Applied For	
<u></u>			84 come W1	7 59-2085419	Not Applicable	
Suite Apt #		Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Strite 23 M 19	m, m	Cily & State 28 MIAMI		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24] 33/6.	Country 25 USA	Zip 33165	Country 30 USA	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
8990	:NZO, BIGNVERIDO - Coral Way , apt. 2 7 II FL 33165			HILLIE LAWNENCE tress (P.O. Box Number is Not Acceptal		
			84 City	4M1	FL 85 Zip Code	
office or re	gistered agent_or both, in the St	tate of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Signature, the clar prints have of registered	ormu Malle, God d agont and little if applicable God	E. Registered Agent signature requ	Jired when reinstating)	3/28/97	
SIGNATURE 12.	Signature of Fell or printed france of regionres	AND DIRECTORS	Registered Agent signature requ	ured when rainstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
SIGNATURE 5	Signal or 1 Stee points Fine of regions OFFIGERS	ormu Malle, God d agont and little if applicable God	E. Rugistered Agent signature required. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE PAESIDE ~ T / D .	AATE CERS AND DIRECTORS IN 12 Change Addition	
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t an an efficiency of recovery that the information supplies with this annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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 12

SIGNATURE: