

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F49539** (2)  
1. Corporation Name  
**NAVARRO DISCOUNT PHARMACIES NO. 2, INC.**

Principal Place of Business <b>3949 S.W. 8TH STREET MIAMI FL 33134</b>	Mailing Address <b>3949 S.W. 8TH STREET MIAMI FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3949 S.W. 8th Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5959 N.W. 37 Ave.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/13/1981</b>	
22 City & State 23 <b>Miami FL</b> Zip Country 24 <b>33134</b> 25 <b>USA</b>		27 City & State 28 <b>Miami, FL</b> Zip Country 29 <b>33142</b> 30 <b>USA</b>		4. FEI Number <b>59-2130901</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>JOSE F. NAVARRO 4051 N.W. 28TH STREET MIAMI FL 33142</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Same</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>5959 N.W. 37 Ave</b>			
				84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33142</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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-24-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAVARRO, JOSE F</b>	1.2 NAME	<b>Same</b>
STREET ADDRESS	<del>1011 NW 36 ST</del>	1.3 STREET ADDRESS	<b>5959 N.W. 37 Ave.</b>
CITY-ST-ZIP	<del>MIAMI, FL 00000</del>	1.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS G. NAVARRO</b>	2.2 NAME	<b>Same</b>
STREET ADDRESS	<del>1010 VENETIA AVENUE</del>	2.3 STREET ADDRESS	<b>5959 N.W. 37 Ave.</b>
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	2.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS G. NAVARRO</b>	3.2 NAME	<b>Same</b>
STREET ADDRESS	<del>1010 VENETIA AVENUE</del>	3.3 STREET ADDRESS	<b>5959 N.W. 37 Ave.</b>
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	3.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
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 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, 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 in an attachment with an address.

SIGNATURE:

President/Jose Navarro 2/24/98 (305)633-3000

CR2E034 (10/97)