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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F49539 1. Corporation Name

NAVARRO DISCOUNT PHARMACIES NO. 2, INC.

	•											
Principal Place	of Business		Mai	lling Address	_					n aran aian		
3949 SW 8TH STREET 5959 NW 37TH AVENUE MIAMI FL 33134 MIAMI FL 33142 US US									DO NOT WRITE IN TH	IIS SPACE	<u> </u>	
									3. Date Incorporated or Qualifed 10/13/1981			
Principal Place of Business 2a. Mailing Address									4. FEI Number		+	ied For
21 26									59-2130901		Not Applicable	
Suite, Apt. #	Suite, Apt. #, etc.	e, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State	B			City & State					6. Election Campaign Financing	•	. 00 м	,
23			28						Trust Fund Contribution		ded to	Fees
Zip	-	Country	\vdash	Zip		untry			8. This corporation owes the current year	Intangible Yes]No
24	25		29]		30				Personal Property Tax. 10. Name and Address of New Registers			7140
	9. Name ar	d Address of Curre	nt Regist	ered Agent		81	Name		10. Name and Address of New Negister	a Agent		
	E F. NAVARR) NW 37TH-A					82			ss (P.O. Box Number is Not Acceptable)			
	/ NW 3/16 A Al FL 33142	VENUE				83						
MUAN	MI FE 33 172					03						
						84	City			L 85	Zip Co	i
office or re	enistered aneni	s of Sections 607.050 t, or both, in the State and accept the obliga	of Florida	a. Such change was	authorize	a by	tne cor	d corpo poration	ration submits this statement for the purpose o's board of directors. I hereby accept the ap	of changir pointment	ng its ro as regi	egistered stered
SIGNATURE				_							_	
	Signature, typed or i	orinted name of registered age										
40							ı sıgıtature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
12.	<u> </u>	OFFICERS AI		CTORS	13.		t signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE		S IN 12
TITLE	PD	OFFICERS AI			13. 1.1 T		t signature	required				
TITLE NAME	PD NAVARRO,	OFFICERS AI		CTORS	13. 1.1 T 1.2 N	TILE						
TITLE NAME STREET ADDRESS	PD NAVARRO, 5959 NW 3	OFFICERS AI JOSE F 7TH AVENUE		CTORS	13. 1.1 T 1.2 N 1.3 S	TILE IAME	ADDRES					
TITLE NAME	PD NAVARRO, 5959 NW 3 MIAMI, FL (OFFICERS AI		CTORS	13. 1.1 T 1.2 N 1.3 S	TILE IAME TREET	ADDRES				ange	
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14. Thereby 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 suppliemental 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 ecciver 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 changes on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(305)633-3000

Daytime Phone #

FILED

05-06-1999 90288 001 *1,950.00

May 06, 1999 8:00 am Secretary of State

Tose Navarro/President 4-16-99