


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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H02395 (2)
 1. Corporation Name
NAVARRO DISCOUNT PHARMACIES NO. 4, INC.



Principal Place of Business 8746 BIRD ROAD MIAMI FL 33165-5408	Mailing Address 8746 BIRD ROAD MIAMI FL 33165-5408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8760 SW 40 ST. Suite, Apt. #, etc.		2a. Mailing Address 26 5959 NW 37 Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/07/1984
22 City & State 23 Miami FL Zip Country 24 33165 25 Dade		27 City & State 28 Miami FL Zip Country 29 33165 30 Dade		4. FEI Number 59-2422314 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
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				

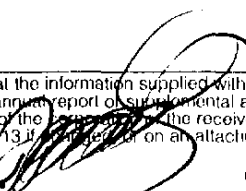
9. Name and Address of Current Registered Agent NAVARRO, JOSE F. 4041 NW 28 STR MIAMI FL 33142		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 5959 NW 37 Ave 83 84 City Miami FL 85 Zip Code 33142	
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11. 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  (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, JOSE F.	1.2 NAME	Same
STREET ADDRESS	4041 NW 28 STR	1.3 STREET ADDRESS	5959 NW 37 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33142
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, LUIS G	2.2 NAME	Same
STREET ADDRESS	1010 VENETIA AVENUE	2.3 STREET ADDRESS	5959 NW 37 Ave
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami FL 33142
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, LUIS G.	3.2 NAME	Same
STREET ADDRESS	1010 VENETIA AVENUE	3.3 STREET ADDRESS	5959 NW 37 Ave.
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, FL 33142
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; that I am 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. I am filing on an attachment with an address.

SIGNATURE  Jose F. Navarro/President 2-8-98 (305) 633-3000

CR2E034 (10/97)