

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
• CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K21641** (1)

1. Corporation Name
JET DISCOUNT DRUGS, INC.



Principal Place of Business	Mailing Address
% MANUEL E. CASANAS 1200 N.W. 29TH STREET MIAMI FL 33142-6618	% MANUEL E. CASANAS 1200 N.W. 29TH STREET MIAMI FL 33142-6618
% MANUEL J. CASANAS	% MANUEL J. CASANAS

3. Date Incorporated or Qualified 04/18/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0059970	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1224 NW 29th. ST. Suite, Apt #, etc.	26 1224 NW 29th. ST. Suite, Apt #, etc.
22 City & State	27 City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 Zip 33142-6618	29 Zip 33142-6618
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASANAS, MANUEL E. 1200 N.W. 29TH STREET MIAMI FL 33142	81 Name CASANAS, MANUEL J.
	82 Street Address (P.O. Box Number is Not Acceptable) 1224 NW 29th. St.
	83
	84 City MIAMI
	FL 85 Zip Code 33142

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. I, the Secretary of State, hereby certify that 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: *Manuel Casanas*
Signature typed or printed (last name, first name, middle initial) _____ DATE: **4-22-96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASANAS, ALICIA	
STREET ADDRESS	1200 N.W. 29TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASANAS, MANUEL J.	
STREET ADDRESS	1200 NW 29TH STREET	
CITY - ST - ZIP	MIAMI FL	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CASANAS, ANA MARIA
13 STREET ADDRESS	1224 NW 29th. STREET
14 CITY - ST - ZIP	MIAMI, FL 33142
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1224 NW 29th. STREET
24 CITY - ST - ZIP	MIAMI, FL 33142
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 assignor 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 on an attachment with an address.

SIGNATURE: *Manuel Casanas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 305-634-6932
Date Digital Signature #

CR2E034 (12/95)