

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

FILED

99 DEC 22 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K39388

1. Corporation Name

Martinez Pharmacy Discount, Inc.

Principal Place of Business

1901 W. Flocar Street
Miami, Florida 33135

Mailing Address

1901 W. Flocar Street
Miami, Florida 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

Rodriguez Alberto
1901 W. Flocar Street
Miami Fl. 33135

10. Name and Address of New Registered Agent

81 Name Alejo Padron
82 Street Address (P.O. Box Number is Not Acceptable)
910 NW 30th
83
84 City Miami FL 85 Zip Code 33125

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, or 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 *Alejo Padron*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/21/99

12. OFFICERS AND DIRECTORS

TITLE P.D. Rodriguez Alberto ☒ DELETE
NAME 1901 W. Flocar Street
STREET ADDRESS Miami Fl. 33135 President
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (P.D.) Alejo Padron ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 910 NW 30th
1.4 CITY-ST-ZIP Miami, Fl. 33125
2.1 TITLE (VP) Martinez Miguel L ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 1679 SW 14th Ave
2.4 CITY-ST-ZIP Miami, Fl. 33145
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 100003099291--0
3.4 CITY-ST-ZIP -01/14/00--01079--002
4.1 TITLE *****61.25 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Alejo Padron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/99 (302) 649-4466