

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01112
1. Corporation Name

FIESTA DISCOUNT AND PHARMACY INC.

Principal Place of Business

Mailing Address

5425 W. 20th Avenue
Hialeah, Fl. 33012

5425 W. 20th Avenue
Hialeah, Fl. 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/31/84

3a. Date of Last Report
04/27/94

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

25

29

30

Country

4. FEI Number

59-2488301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ramon Maranges

82 Street Address (P.O. Box Number is Not Acceptable)

8460 S.W. 83rd Court

83

84 City

Miami

FL

85

Zip Code

33145

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

Ramon Maranges

4/30/95

Signature (hand or printed name of registered agent and this is acceptable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P
NAME	Ramon Maranges
STREET ADDRESS	8460 S.W. 83rd Ct.
CITY ST ZIP	Miami, Fl. 33145
TITLE	D/V
NAME	Raymond Maranges
STREET ADDRESS	5425 W. 20th Ave.
CITY ST ZIP	Hialeah, Fl. 33012
TITLE	D/S/T
NAME	Carmen Maranges
STREET ADDRESS	8460 S.W. 83rd Ct.
CITY ST ZIP	Miami, Fl. 33145
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	600001482036
12 NAME	-05/10/95--01096--008
13 STREET ADDRESS	****200.00 ****200.00
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ 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(1)(b), 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.

SIGNATURE:

Ramon Maranges

Ramon Maranges

4/30/95

594-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)