

**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 # **M10151 (2)**  
 1. Corporation Name  
**S.P.D. PHARMACY AND DISCOUNT STORE, INC.**



Principal Place of Business: **13655 S.W. 26TH STREET MIAMI FL 33175**  
 Mailing Address: **13655 S.W. 26TH STREET MIAMI FL 33175**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **01/17/1985**  
 3a. Date of Last Report: **01/19/1995**  
 4. FEI Number: **59-2484589** 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. 190.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**MARQUEZ, JOSE M.  
 780 N.W. LE JEUNE RD.  
 SUITE 400  
 MIAMI FL 33126**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature of person authorized to act on behalf of the corporation

Signature of Registered Agent or authorized officer

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GUERRA, ARMANDO J.</b>	
STREET ADDRESS	<b>8450 S.W. 48 ST.</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GUERRA, JORGE</b>	
STREET ADDRESS	<b>9115 S.W. 17 TERR.</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>HERRAN, JOSE A.</b>	
STREET ADDRESS	<b>1501 S.W. 66 AVE.</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HERRAN, MANUEL A</b>	
STREET ADDRESS	<b>1540 S.W. 65 PL.</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SALGUEIRO, ANSELMO</b>	
STREET ADDRESS	<b>6840 S.W. 19 TERR.</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 or change, I or on an attachment with an address.

SIGNATURE

*ANSELMO SALGUEIRO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANSELMO SALGUEIRO**

**1/16/96**

**(305) 221-1653**

CR2E034 (12/95)