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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33175-6378



3. Date Incorporated or Qualified 01/17/1985	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2484589	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
~~780 N.W. LE JEUNE RD.~~
~~SUITE 400~~
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Blvd
548
83 City
84 Same FL 85 Zip Code

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

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

1/16/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GUERRA, ARMANDO J.	1.2 NAME	
STREET ADDRESS	8450 S.W. 48 ST.	1.3 STREET ADDRESS	9475 Journey's End Road
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	VD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GUERRA, JORGE	2.2 NAME	
STREET ADDRESS	9115 S.W. 17 TERR.	2.3 STREET ADDRESS	8440 SW 58 St.
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HERRAN, JOSE A.	3.2 NAME	
STREET ADDRESS	1501 S.W. 88 AVE.	3.3 STREET ADDRESS	8455 Grand Canal Drive
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HERRAN, MANUEL A	4.2 NAME	
STREET ADDRESS	1540 S.W. 85 PL.	4.3 STREET ADDRESS	8460 SW 5 St.
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SALGUEIRO, ANSELMO	5.2 NAME	
STREET ADDRESS	6840 S.W. 19 TERR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (305) 221-7653

CR2E034 (9/96)