

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M10151 (2)
 1. Corporation Name
S.P.D. PHARMACY AND DISCOUNT STORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
13655 S.W. 26TH STREET MIAMI FL 33175		13655 S.W. 26TH STREET MIAMI FL 33175	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	01/17/1985	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2484589	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARQUEZ, JOSE M. 700 N.W. LE JEUNE RD. SUITE 400 MIAMI FL 33126		81 Name	Same
		82 Street Address (P.O. Box Number is Not Acceptable)	782 NW LeJeune Road
		83	548
		84 City	Miami
		85 State	FL
		86 Zip Code	33126

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: *Jose Marquez* DATE: 1/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CORRECTION <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ARMANDO J.	1.2 NAME	
STREET ADDRESS	9475 JOURNEYS END DR	1.3 STREET ADDRESS	9475 Journey's End Road
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, JORGE	2.2 NAME	
STREET ADDRESS	8440 SW 58 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, JOSE A.	3.2 NAME	
STREET ADDRESS	8455 GRAND CANAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A	4.2 NAME	
STREET ADDRESS	8460 SW 5 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALGUEIRO, ANSELMO	5.2 NAME	Same
STREET ADDRESS	3840 S.W. 10TH TERR	5.3 STREET ADDRESS	6351 S.W. 20 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Antonio* Director DATE: 1/6/98 (305) 221-1653

CR2E034 (1097)