

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.

Principal Place of Business

**13655 S.W. 26TH STREET
MIAMI FL 33175**

Mailing Address

**13655 S.W. 26TH STREET
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1985

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Same

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

782 NW LeJeune Road

83 548

84 City **Miami**

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

1/6/98

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME GUERRA, ARMANDO J.
STREET ADDRESS 9475 JOURNEYS END DR
CITY-ST-ZIP CORAL GABLES FL**

TITLE ☐ DELETE

**VD
NAME GUERRA, JORGE
STREET ADDRESS 8440 SW 58 ST
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**TD
NAME HERRAN, JOSE A.
STREET ADDRESS 8455 GRAND CANAL DR
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**SD
NAME HERRAN, MANUEL A
STREET ADDRESS 8460 SW 5 ST
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**VD
NAME SALGUEIRO, ANSELMO
STREET ADDRESS ~~3840 S.W. 10 TERR~~
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS 9475 Journey's End Road
1.4 CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ 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 6351 S.W. 20 Street
5.4 CITY-ST-ZIP Miami, Florida 33155**

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.

SIGNATURE:

Director

1/6/98 (305) 221-1653

CR2E034 (10/97)