

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

0252469

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M10151

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 <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	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
22 City & State	27 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip Country	28 Zip Country			
24 Zip Country	25 Zip Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, ARMANDO J. 9475 JOURNEY'S END ROAD CORAL GABLES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/V DIAZ, Jose F. 9301 SW 103 Street Miami, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERRA, JORGE 8440 SW 58 ST MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GUERRA, Alberto 241 Cape Florida Drive Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRAN, JOSE A. 8455 GRAND CANAL DR MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S LOPEZ, Eddy 922 NW 106 Ave. Circle Miami, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRAN, MANUEL A. 8400 SW 5 ST MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V GUERRA, Jorge 8440 SW 58 Street Miami, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALGUEIRO, ANSELMO 6351 S.W. 20TH STREET MIAMI FL 33155	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V SALGUEIRO, Anselmo 6351 SW 20 Street Miami, Florida 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: ARMANDO J. GUERRA 1/26/99 (305) 226-2507
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)