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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
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DOCUMENT # M10151

1. Corporation Name

S.P.D. PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

Mailing Address

13655 S.W. 26TH STREET  
MIAMI FL 33175

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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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

(305) 226-2507

Date

Daytime Phone #

CR2E034 (1/1/98)