Devices of Corporation P.O. Box 6327. Tallahouse, F -07/10/97--01056--016 -******35-00--*****35-00 To whom it might es my name is Ordeilia Revero he name a negistered agent so - + that d my renso seciena 305-882-1404

Florida Department of State, Sandia B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: TORRES PHARMACY DISCOUNT, INC.
2. The mailing address of the corporation is: 553-B EAGT 9TH STREET HIALEAH, FL. 33010
 3. Date of incorporation/qualification: <u>MARCH-DC-1986</u>Document number: <u>M 29 548</u> 4. The name and address of the current registered agent and office:
MISS OBDUCIARIVERO 6040 S.W. 30TH STREET FROM MIAMI, FL. 33153
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) MRS . OBDULIA TORRES 553-B EAST 9TH STREET
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Office of an officer, chairman or vice chairman of the board) OBDUCIA TORRES Roh PRESIDENT (Printed or typed partie and title)
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Signature of Registered Agent) (Date)
(Typed or Printed Name) (Canacity)

FILING FEE: \$35.00

CR2E045(1/95)