

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M46397** (9)

1. Corporation Name

METRO PHARMACY AND DISCOUNT STORE INC.



Principal Place of Business

**11865A S.W. 26TH STREET
MIAMI FL 33175**

Mailing Address

**11865A S.W. 26TH STREET
MIAMI FL 33175**

3. Date Incorporated or Qualified

02/11/1987

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2755331

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUEZ, JOSE M.

~~700 N.W. LEJEUNE ROAD~~

~~SUITE 400~~

MIAMI FL 33126

81 Name

SAME

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

782 NW LeJeune Road

83

Suite 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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **GUERRA, ARMANDO J.**

STREET ADDRESS **8450 S.W. 48TH ST.**

CITY-STATE-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **DIAZ, JOSE F.**

STREET ADDRESS **~~8420 S.W. 104TH AVE.~~**

CITY-STATE-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **RODRIGUEZ, ENOEL**

STREET ADDRESS **2351 SW 127 AVE**

CITY-STATE-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE

NAME **LOPEZ, EDDY**

STREET ADDRESS **922 N.W. 106TH AVE. CIR.**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enoel Rodriguez V.D.

02/02/96

(305) 227-0023

Daytime Phone #

CR2E034 (12/95)