


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

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

03-31-1999 90062 049 ***150.00

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|---|-------------------------------------|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # M46397 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 | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 02/11/1987 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-2755331 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 29 | | Zip 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126 | | | 10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUERRA, ARMANDO J. | | 1.2 NAME | GUERRA, Alberto | |
| STREET ADDRESS | 9475 JOURNEYS END DR | | 1.3 STREET ADDRESS | 241 Cape Florida Drive | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1.4 CITY-ST-ZIP | Key Biscayne, FL 33149 | |
| TITLE | VD | <input type="checkbox"/> DELETE | 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, JOSE F. | | 2.2 NAME | RODRIGUEZ, Enoel | |
| STREET ADDRESS | 9301 SW 103 STREET | | 2.3 STREET ADDRESS | 2351 SW 127 Avenue | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | Miami, Florida | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, ENOEL | | 3.2 NAME | LOPEZ, Eddy | |
| STREET ADDRESS | 2351 SW 127 AVE | | 3.3 STREET ADDRESS | 922 NW 106 Ave. Circle | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | Miami, Florida | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, EDDY | | 4.2 NAME | | |
| STREET ADDRESS | 922 N.W. 106TH AVE. CIR. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 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

Date

(305) 226-2507

Daytime Phone #

CR2E034 (1/1/98)