

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

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

03-31-1999 90062 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/11/1987		4. FEI Number 59-2755331		Applied For <input type="checkbox"/> Not Applicable
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		
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (1/7/98)