

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 # **M48271** (4)

1. Corporation Name
LATIN QUARTER PHARMACY AND DISCOUNT STORE INC.



Principal Place of Business: **1601 W FLAGLER ST MIAMI FL 33135**
Mailing Address: **1601 W FLAGLER ST MIAMI FL 33135**

3. Date Incorporated or Qualified: **03/13/1987**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-2780532**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MARQUEZ, JOSE M.
780 N.W. LEJEUNE RD
SUITE 400, LEJEUNE CENTRE
MIAMI FL**

10. Name and Address of New Registered Agent
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]* DATE: **3/22/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	8450 SW 48TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIAZ, JOSE F.	
STREET ADDRESS	9120 S.W. 101TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, EDDY	
STREET ADDRESS	922 N.W. 106TH AVE CIR	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMENEZ, DAVID	
STREET ADDRESS	8145 N.W. 7TH STREET, 416	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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: **Jose F. Diaz** Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2296 643-9762
Date: Daytime Phone #

CR2E034 (12/95)