

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-31-1999 90063 001 ***150.00

DOCUMENT # M48271

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

Country

28

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL 33126

3. Date Incorporated or Qualified

03/13/1987

4. FEI Number

59-2780532

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME GUERRA, ARMANDO J.
STREET ADDRESS 9475 JOURNEY'S END ROAD
CITY-ST-ZIP CORAL GABLES FL
TITLE VD
NAME DIAZ, JOSE F.
STREET ADDRESS 9301 SW 103 ST
CITY-ST-ZIP MIAMI FL
TITLE SD
NAME LOPEZ, EDDY
STREET ADDRESS 922 N.W. 106TH AVE CIR
CITY-ST-ZIP MIAMI FL
TITLE D
NAME JIMENEZ, DAVID
STREET ADDRESS 11400 SW 63RD TERRACE
CITY-ST-ZIP MIAMI FL 33175
TITLE
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

☒ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D
1.2 NAME GUERRA, Alberto
1.3 STREET ADDRESS 241 Cape Florida Drive
1.4 CITY-ST-ZIP Key Biscayne, FL
2.1 TITLE S
2.2 NAME LOPEZ, Eddy
2.3 STREET ADDRESS 922 NW 106 Ave. Circle
2.4 CITY-ST-ZIP Miami, Florida
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Date

Daytime Phone #

1/26/99

(305) 226-2507

CR2E034 (11/98)