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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M57998 (0)

1. Corporation Name
PALM PHARMACY AND DISCOUNT STORE, INC.



Principal Place of Business
3915 PALM AVE.
HALEAH FL 33012

Mailing Address
3915 PALM AVE.
HALEAH FL 33012-4447

3. Date Incorporated or Qualified 08/26/1987	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2839095	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
780 NW LE JEUNE ROAD
SUITE 400
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
85 Zip Code

Same
782 NW LeJeune Rd
548
Miami FL 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

Jose M. Marquez

1/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GUERRA, ARMANDO J.
STREET ADDRESS	8450 SW 48TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	DIAZ, JOSE F.
STREET ADDRESS	8120 SW 101ST AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	RODRIGUEZ, NOEL A.
STREET ADDRESS	13736 SW 21 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	LOPEZ, EDDY
STREET ADDRESS	922 NW 106TH AVE. CIRCLE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
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

9475 Journey's End Road
Coral Gables, FL. 33156

9301 SW 103 St.
Miami, FL 33176

14. I do 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; and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/16/97

DATE

(305) 822-2710

DAYTIME PHONE #

0118238

CR2E034 (9/96)