

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M57998 (0)**  
 1. Corporation Name  
**PALM PHARMACY AND DISCOUNT STORE, INC.**



Principal Place of Business <b>3915 PALM AVE. HIALEAH FL 33012</b>	Mailing Address <b>3915 PALM AVE. HIALEAH FL 33012</b>
---	---

DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date incorporated or Qualified <b>08/26/1987</b>	
<b>4.</b> FEI Number <b>59-2839095</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MARQUEZ, JOSE M.**  
**782 NW LEJUENE RD**  
**#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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GUERRA, ARMANDO J.</b>	
STREET ADDRESS	<b>9475 JOURNEYS END</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, JOSE F.</b>	
STREET ADDRESS	<b>9301 SW 103 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, NOEL A.</b>	
STREET ADDRESS	<b>13736 SW 21 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>LOPEZ, EDDY</b>	
STREET ADDRESS	<b>922 NW 108TH AVE. CIRCLE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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**

**CORRECTION**  Change  Addition

**1.1** TITLE

**1.2** NAME

**1.3** STREET ADDRESS **9475 Journey's End Road**

**1.4** CITY-ST-ZIP

**2.1** TITLE  Change  Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**3.1** TITLE  Change  Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**4.1** TITLE  Change  Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** TITLE  Change  Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE  Change  Addition

**6.2** NAME

**6.3** STREET ADDRESS

**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.

SIGNATURE: *Noel A. Rodriguez* **Noel A. Rodriguez** 1-2-98 822-2210

CF2E034 (10/97)