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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000003308 (3)**

1. Corporation Name

DINORAH DRUG STORE, INC.



Principal Place of Business

**7577 WEST 5TH LANE
HIALEAH FL 33014**

Mailing Address

**7577 WEST 5TH LANE
HIALEAH FL 33014**

2. Principal Place of Business

2a. Mailing Address

21 **Dinorah Drug Store**
22 **Hialeah, FL**
23 **33013**

26 **3151 E. 4th Ave.**
27 **City & State**
28 **City**
29 **Zip**
30 **Country**

9. Name and Address of Current Registered Agent

**ABAD, LUZ D
7577 WEST 5TH LANE
HIALEAH FL 33014**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY-STATE-ZIP	4. CITY-STATE-ZIP
5. TITLE	5. TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-STATE-ZIP	8. CITY-STATE-ZIP
9. TITLE	9. TITLE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE	13. TITLE
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE	17. TITLE
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-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 139.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary amendment 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 bankruptcy 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9/96 (305) 693-9944

CR2E034 (12/95)