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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
S. B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:32

DOCUMENT # **P94000072031 (5)**

1. Corporation Name

BROWARD PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

2323 NORTH 60TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

2323 NORTH 60TH AVENUE
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

4. FEI Number

65-0529212

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M
780 N.W. LEJEUNE RD.
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

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **ARMANDO GUERRA, ARMANDO J**
STREET ADDRESS: **8450 S.W. 48TH ST.**
CITY-ST-ZIP: **MIAMI FL 33165**

1.1 TITLE: **PRESIDENT & DIRECTOR**
1.2 NAME: **ARMANDO**
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: **VICE-PRESIDENT**
NAME: **Eddy Lopez**
STREET ADDRESS: **922 N.W. 106th Ave**
CITY-ST-ZIP: **Miami Fla 33172**

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: **SECRETARY**
NAME: **JOSE DIAZ**
STREET ADDRESS: **9120 S.W. 101 AVE**
CITY-ST-ZIP: **MIAMI FL 33176**

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: **SECOND VICE-PRESIDENT**
NAME: **LEO CUORVO**
STREET ADDRESS: **47 SUFFOLK AVE**
CITY-ST-ZIP: **MIAMI FL 33100**

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: **TREASURER**
NAME: **ROBERTO GUERRA**
STREET ADDRESS: **9183 N.W. 117th**
CITY-ST-ZIP: **MIAMI GARDENS FL 33013**

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 addendum with an address.

SIGNATURE:

(Signature)

ARMANDO J. GUERRA
DIRECTOR/PRESIDENT

3/10/95

305 986-5600