

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

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

28 Zip Country

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
~~780 N.W. LEJEUNE RD.~~
~~SUITE 400~~
MIAMI FL 33126**

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

03/24/1995

4. FIC Number

65-0529212

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Road

83 **Suite 548**

84 City **Miami** FL 85 Zip Code **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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose Marquez

3/22/96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	8450 S.W. 48TH ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOPEZ, EDDY	
STREET ADDRESS	922 N.W. 106 AVE CIRCLE	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, JOSE	
STREET ADDRESS	9120 S.W. 101 AVE.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CUERVO, LEO	
STREET ADDRESS	47 SUFFOLK AVE.	
CITY- ST- ZIP	HIALEAH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GUERRA, ROBERTO	
STREET ADDRESS	9183 N.W. 177 TERRACE	
CITY- ST- ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- 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 119.07(3)(k), 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: *Jose F. Diaz* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 986-0056

CR2E034 (12/95)