

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000051481 (6)**

T. Corporation Name

ARENAL PHARMACY AND DISCOUNT STORE, INC.



Principal Place of Business: ~~700 NW LEJEUNE ROAD STE 400 MIAMI FL 33126~~
Mailing Address: ~~700 NW LEJEUNE ROAD STE 400 MIAMI FL 33126~~

3. Date Incorporated or Qualified: **07/03/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 **920 East 4th Avenue**, 22 **-----**, 23 **Hialeah, Florida**, 24 **33010**, 25 **USA**
2a. Mailing Address: 26 **782 NW LeJeune Road**, 27 **Suite 548**, 28 **Miami, Florida**, 29 **33126**, 30 **USA**

4. FEI Number: **65-0592239**
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

9. Name and Address of Current Registered Agent: **MARQUEZ, JOSE M**, ~~700 NW LEJEUNE ROAD STE 400 MIAMI FL 33126~~
10. Name and Address of New Registered Agent: 81 Name: **JOSE M. MARQUEZ, ESQ.**, 82 Street Address (P.O. Box Number is Not Acceptable): **782 NW LeJeune Road**, 83 **Suite 548**, 84 City: **Miami**, 85 Zip Code: **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, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE: *Jose Marquez* Date Registered Agent Signature received at meeting: **1/15/96**

12. OFFICERS AND DIRECTORS

12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	GUERRA, ARMANDO J
12.3 STREET ADDRESS	8450 SW 48TH STREET
12.4 CITY-ST-ZIP	MIAMI FL 33165
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form 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; and 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 not attached with an address.

SIGNATURE: *Armando J. Guerra* **ARMANDO J. GUERRA** 1/15/96 (305) 883-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)