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Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000051481 (6)

1. Corporation Name  
ARENAL PHARMACY AND DISCOUNT STORE, INC.



Principal Place of Business: 620 E 4TH AVE HIALEAH FL 33010 US  
Mailing Address: 782 NW LEJEUNE ROAD STE 548 MIAMI FL 33126-5548 US

3. Date Incorporated or Qualified: 07/03/1995  
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 65-0592239  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUEZ, JOSE M. ESQ.  
782 NW LEJEUNE ROAD  
STE 548  
MIAMI FL 33126

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
NAME: GUERRA, ARMANDO J  
STREET ADDRESS: ~~8450 SW 46TH STREET~~  
CITY-ST-ZIP: ~~MIAMI FL 33165~~

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS: 9475 Journey's End Road  
1.4 CITY-ST-ZIP: Coral Gables, Fl. 33156

TITLE: DS  
NAME: CUERVO, Leoncio  
STREET ADDRESS: 47 Suffolk Avenue  
CITY-ST-ZIP: Hialeah, Florida 33010

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

TITLE: DVP  
NAME: DIAZ, Jose F.  
STREET ADDRESS: 9301 SW 103 Street  
CITY-ST-ZIP: Miami, Florida 33176

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

TITLE: DT  
NAME: LOPEZ, Eddy  
STREET ADDRESS: 922 NW 106 Ave. Circle  
CITY-ST-ZIP: Miami, Florida

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

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

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 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 or changed, or on an attachment with an address.

SIGNATURE: *Eddy Lopez* DATE: 1/27/97 DAYTIME PHONE #: 883-2277

CR2E034 (9/96)