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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90063 005 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000051481**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 920 E 4TH AVE
 HIALEAH FL 33010
 US

Mailing Address
 920 EAST 4TH AVENUE
 HIALEAH FL 33010
 US

3. Date Incorporated or Qualified
07/03/1995

| | | | |
|----|--------------------------------|---------------------|----|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 |
| 23 | City & State | City & State | 28 |
| 24 | Zip | Country | 25 |
| 29 | Zip | Country | 30 |

4. FEI Number
65-0592239

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M. ESQ.
782 NW LEJEUNE ROAD
STE 548
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUERRA, ARMANDO J | 1.2 NAME | GUERRA, Alberto |
| STREET ADDRESS | 9475 JOURNEY'S END ROAD | 1.3 STREET ADDRESS | 241 Cape Florida Drive |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | Key Biscayne, FL 33149 |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUERVO, LEONCIO | 2.2 NAME | CUERVO, Leoncio |
| STREET ADDRESS | 47 SUFFOLK AVENUE | 2.3 STREET ADDRESS | 13092 NW 11 Court |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | Sunrise, Florida 33323 |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, JOSE F. | 3.2 NAME | |
| STREET ADDRESS | 9301 SW 103 STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, EDDY | 4.2 NAME | |
| STREET ADDRESS | 922 NW 106 AVE. CIRCLE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO J. GUERRA 1/26/99 (305) 883-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)