FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071734 (4)

A & N DISCOUNT PHARMACY, INC.

FILED
May 12 1997 8:00am
Secretary of State

		MAMI BEACH FL 33139-5204				•					
								3. Date Incorporated or Qualified 09/18/1995	3a, Date of Last 04/26/1996	Report	
2, Principal Place of Business		28.	2a. Mailing Address				4, FEI Number	-1 	Applied For		
21		26			65-0607692		Vot Applicable				
Sulte, Apt. #, etc.		ļ,	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional				
22		27]	27				Required				
City & State		lan.	City & State		6. Election Campaign Financing		May Be				
Zip	Zip Country		201	Zip Country		Trust Fund Contribution		to Fees			
24	3	26	29	 				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No			
		and Address of Cu	ırrent Regis					10. Name and Address of New Re	gistered Agent		
		OF LAWRENCE	J SPIEGEL	CHRTD		81	Name				
343 ALMERIA AVENUE				82	Street A	ddress (P.O. Box Number is Not Acceptat	ile)				
CORAL GABLES FL 33134											
						83				}	
٠						84	City		85 Zip	Code	
	4- 4		0000	07.4500 51-33-0		_	<u> </u>		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 Signature, typed or printed name of registered agent and little if applicable. (NOTL Hegistered Agent agenture required when re-instating) DATE											
12.	Signature, typeo c		S AND DIREC		13.	a v.de	on signature re	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTO	DS IN 12	
TITLE	PD			DELETE	1.1 11	TLE		7,551110110)011/11020 10 01710	Change		
NAME	ALVAREZ,				1.2 N/	AME					
STREET ADDRESS	900 ALTO				1.9 \$1	(REET	ADDRESS				
CITY-ST-ZIP	MIAMI BEA	ACH FL 33139			1.4 Cf	TY-5	ST-ZIP				
TITLE	STD			DELETE	2.1 TI	TLE			Change	Addition	
NAME HERNANDEZ, SERGIO A			2.2 NAME								
STREET ADDRESS 900 ALTON RD. MIAMI BEACH FL 33139			2.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP	MIAMI REY	AUH FL 33139		- Briere			ST-ZIP				
TITLE NAME				☐ DELETE	3.1 11				Change	Addition	
					3.2 N/						
STREET ADDRESS							ADDRESS				
CUY-ST-ZIP TITLE		<u> </u>		DELETE	3.4. C		S1-ZIP		Change	☐ Addition	
NAME				C oca ic	4. ž N				L.J Onango		
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP							ST-ZIP				
TITLE				☐ DELE1E	5.1 T(☐ Change	Addition	
NAME					5.2 N				_ ~~		
STREET ADDRESS					5.3 ST	REET	ADDRESS				
CITY-ST-ZIP							ST-ZIP				
TITLE				☐ DELETE	6.1 TI	TLE			☐ Change	☐ Addition	
NAME					6.2 N/	ME					
STREET ADDRESS					6.3 ST	REET	ADDRESS				
CITY-ST-ZIP					6.4 Ch	1Y-S	31 - 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 it charged, or on president with an address.

CIONATURE.

Vve

1/24/2 12014424016