

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000002763 (5)**

1. Corporation Name

NAVARRO DISCOUNT PHARMACIES NO. 8, INC.



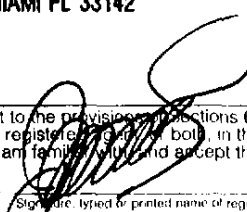
Principal Place of Business 4041 NW 26 ST. MIAMI FL 33142	Mailing Address 4041 NW 26 ST. MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3141 W 76 Street Suite, Apt. #, etc.		2a. Mailing Address 26 5959 NW 37 Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/10/1997	
22 City & State 23 Hialeah, Florida		27 City & State 28 Miami, FL		4. FEI Number 65-0725108 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33018 25 Country USA		29 Zip 33142 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

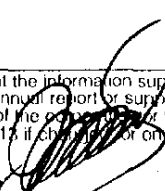
9. Name and Address of Current Registered Agent NAVARRO, JOSE F 4041 NW 26 ST. MIAMI FL 33142				10. Name and Address of New Registered Agent			
				81 Name Same			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 5959 N.W. 37 Ave.			
				84 City Miami FL 85 Zip Code 33142			

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, 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  **Jose F. Navarro** **2-24-98** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, JOSE F			1.2 NAME	Same		
STREET ADDRESS	4041 NW 26 ST.			1.3 STREET ADDRESS	5959 N.W. 37 Ave.		
CITY-ST-ZIP	MIAMI FL 33142			1.4 CITY-ST-ZIP	Miami, FL 33142		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, LUIS G.			2.2 NAME	Same		
STREET ADDRESS	4041 NW 26 ST.			2.3 STREET ADDRESS	5959 N.W. 37 Ave.		
CITY-ST-ZIP	MIAMI FL 33142			2.4 CITY-ST-ZIP	Miami, FL 33142		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, MARCEL			3.2 NAME	Same		
STREET ADDRESS	4041 NW 26 ST.			3.3 STREET ADDRESS	5959 N.W. 37 Ave.		
CITY-ST-ZIP	MIAMI FL 33142			3.4 CITY-ST-ZIP	Miami, FL 33142		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVARRO, GABRIEL			4.2 NAME	Same		
STREET ADDRESS	4041 NW 26 ST.			4.3 STREET ADDRESS	5959 N.W. 37 Ave.		
CITY-ST-ZIP	MIAMI FL 33142			4.4 CITY-ST-ZIP	Miami, FL 33142		
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 of this report or on an attachment with an address.

SIGNATURE  **President/ Jose F. Navarro** **2-24-98** **(305) 633-3000**

CR2E034 (10/97)