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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000041205 (0)

KRISTA DISCOUNT PHARMACY, INC.

Principal Place of Business	Mailing Address

FILED Jan 21 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		t lanilant tin inter rabit abili batte bare	i anutt audbe eifere tiere dann After Ette ifter
6367 SW 12TH STREET 6367 SW 12TH STREET		ļ		
MIAMI FL 33144	MIAMI FL 33144		DO NOT WRITE I	N THIS SPACE
			3. Date Incorporated or Qualified	N THIS SPACE
			05/08/1997	1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5888 Sw 8 Strat	26 5589 5	es of Street	65-0753843	Not Applicable
Suite, Apt. #, etc.	Suite, Apt, #, etc.		 	# # # # # # # # # # # # # # # # # # #
22	27		5. Certificate of Status Desired	58.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Minni, FL.	28 Maprin P.	<i>L</i> .	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pale	
24 37/49 25	29 23/44 3	:0]	Personal Property Tax due June 3	, : :
g. Name and Address of Current		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Regi	
BIANCHI, PETER C JR		81 Name		
255 UNIVERSITY DRIVE		82 Street Addres	ss (P.O. Box Number is Not Acceptable	,
CORAL GABLES FL 33134		62 Street Addres	ss (P.O. Box Number is Not Acceptable	7
00,1 2 4, 1224 1 2 60,01		83		-
) <u> </u>		7-2-2-
	/ /	84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named corpor	ration submits this statement for the pur	rpase of changing its registered
Pursuant to the provisions of Sections 607,0502 office or registered agent, of both, in the State agent. I am familiar with, and accept the obligations.	Florida, Such change was aut	thorized by the corporation	n's board of directors. I hereby accept	the appointment as registered
V / / ///	ions of, section notices ricin	da Sialules.		1/6/50
SIGNATURE Signature, typed or printed name of personal diagram.	t and rate if Applicable (NOTE)	Registered Agent signature required	when reinstation	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE DPST	DELETE	1.1 TITLE		Change Addition
NAME SOSA, ORLANDO		1.2 NAME		i
STREET ADDRESS 6367 SW 12TH STREET	/	1.3 STREET ADDRESS		l l
CITY-SI-ZIP MIAMI FL 33144		1.4 CITY-ST-ZIP		ļ
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		,
STREET ADDRESS		2.3 STREET ADDRESS		1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	2 4 CITY-ST-ZIP	•	<u>'</u>
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS	:	3.3 STREET ADDRESS		
		3.4, CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		·
1		h)		· .
CITY-SI-ZIP TITLE		4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
· -·		5.2 NAME		, Z. Shange Z. Shanton
NAME				
STREET ADDRESS		5.3 STREET ADDRESS		(1
CITY-SI-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 T/TLE		Change Addition
TITLE	ריי מבולבנב	1 - ' ''		E oligination
NAME		6.2 NAME		j .
STREET ADDRESS		6.3 STREET ADDRESS		;
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing dose not qualify for	6.4 CITY-ST-ZIP	action 119 07(3)(i) Florida Statutos 150	ther certify that the information
indicated on this annual report or supplemental	annual report is true and accura	ate and that my signature	shall have the same legal effect as if m	ade under oath; that I am an
officer or director of the corporation of the facely	er or trustee empowered to exe	ecute this report as require	sa by Chapter 607, Florida Statutes; an	d that my name appears in