

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S32960

1. Corporation Name

CORAL REEF PHARMACY AND DISCOUNT STORE, INC.

Principal Place of Business

13796 SW 152ND ST  
MIAMI FL 33177

Mailing Address

13796 SW 152ND ST  
MIAMI FL 33177

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90063 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1991

4. FEI Number

65-0245060

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.  
782 NW LEJEUNE ROAD  
SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GUERRA, ARMANDO J.  
STREET ADDRESS 9475 JOURNEY'S END ROAD  
CITY-ST-ZIP CORAL GABLES FL

TITLE ~~D~~  
NAME ~~LOPEZ, EDDY~~  
STREET ADDRESS ~~922 N.W. 106TH AVE CIR~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ~~D~~  
NAME ~~DIAZ, JOSE F.~~  
STREET ADDRESS ~~9301 SW 103 STREET~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME GUERRA, Alberto  
1.3 STREET ADDRESS 241 Cape Florida Drive  
1.4 CITY-ST-ZIP Key Biscayne, FL 33149

2.1 TITLE V  
2.2 NAME LOPEZ, Eddy  
2.3 STREET ADDRESS 922 NW 106 Ave. Circle  
2.4 CITY-ST-ZIP Miami, Florida

3.1 TITLE D/S  
3.2 NAME DIAZ, Jose F.  
3.3 STREET ADDRESS 9301 SW 103 Street  
3.4 CITY-ST-ZIP Miami, Florida

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

(305) 256-9800

Date

Daytime Phone #

CR2E034 (11/98)