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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # S87681 (0)

V & M PHARMACY DISCOUNT, INC.					
				TO A CONTROL OF A STATE OF A STAT	DAN BERKER BURDE BERKER BERKER BURDE HARRE
Principal Plac	e of Business	Mailing Address		1 10011214 191 19111 19914 21111 19161 1101 1111	til digil digil diğil gigil aiğil löğl
1750 N.W. 20TH STREET 1750 N.W. 20TH STREET					
MIAMI FL 33142 MIAMI FL 33142				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				10/15/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0290870	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		& Cleation Compaign Singular	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29 3	o	Personal Property Tax due June 30.	☐ Yes 🔯 No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Regist	ered Agent
VALLECILLO, FERNANDO 81 Name (//				nlecilo Vanil	٤.
1750 N.W. 20TH STREET			82 Street Addre	ess (P.O. Box Number is Not Assembly	Francis
ML	AMI FL 33142		83	10/ 3.00.3711	VERBACE
			83		
			84 City	Piami	FL 85 3985
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above-named corpo	oration submits this statement for the purp	
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.					
	K	Hillians of Section 607.0003, Front	ua Statules.	3/	11/98
SIGNATURE	<u> </u>	ol and title if applicable (NOTE: F	Registered Agent signature require	ad when reinstating)	ATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD SECONDO	DELETE	1.1 TITLE		Change Addition
NAME	VALLECILLO, FERNANDO		1.2 NAME		
STREET ADDRESS	11550 S.W. 4TH ST.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	MIAMI FL Std	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	VALLECILLO, YAMILE		2.2 NAME		C Cutalife C Addition
STREET ADORESS	11550 S.W. 4TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 City-ST-ZiP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T prime	4.4 CITY-ST-ZIP		[76] [74.(m)
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME		- Contract	6.2 NAME		C Principol
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY+ST-ZIP			6.4 City-St-ZIP		
on the state		11 A 1 - 400 - 1		Posting 110 07/2V/) Florida Platitica furth	

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 informatio indicated on this annual report or supplemental annual report is frue 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.

SIGNATURE:

And Continue () ()

FILED

Mar 20 1998 8:00am

Secretary of State