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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24741

(3)

1. Corporation Name

DIABETIC SHOP CENTER CORP.

Principal Place of Business

1680 MICHIGAN AVE
SUITE 800
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVE
SUITE 800
MIAMI BEACH FL 33139-2519

3. Date Incorporated or Qualified
03/26/1992

3a. Date of Last Report
06/10/1996

2. Principal Place of Business

21 407 LINCOLN RD. #9M

Suite, Apt. #, etc. #9M

22 ~~MIAMI BEACH, FL~~

23 ~~MIAMI BEACH, FL~~ M.B. FLA

24 Zip 33139 Country

25

2a. Mailing Address

26 407 LINCOLN RD

Suite, Apt. #, etc. #9M

27 #9M

28 M.B. FLA

29 Zip 33139 Country

30

4. FEI Number
65-0348231

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RESPETO, EDUARDO G.
2102 ALTON RD
MIAMI BEACH FL 33140

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 date if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
RESPETO, EDUARDO G.
2102 ALTON RD
MIAMI BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

15 CITY-ST-ZIP 16 CITY-ST-ZIP

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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 if changed, or on an attachment with an address.

SIGNATURE

CP2E034 (9/96)