FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 MAY -1 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 482610 (3)

1. Corporation Name
COTO'S PHARMACY, INC.

Principal Place of Business
1036 S.W. FIRST STREET
MIAMI FL 33130

Mailing Address
1036 S.W. FIRST STREET
MIAMI FL 33130

3. Date Incorporated or Qualified: 06/29/1984
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-1613026 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA,	City & State 28 MIAMI FLORIDA,
Zip 24 33145 — Country 25 US.	Zip 29 33145 — Country 30 US.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES,INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI — FL — 85 Zip Code: 33145

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] AMADA CANTERA LOPEZ.PRES
Signature, typed or printed name of new registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COTO, MARIA Y	
STREET ADDRESS	4982 W 12TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	☐ DELETE
NAME	CASINES, ELENA	
STREET ADDRESS	821 E. 2ND AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	☐ DELETE
NAME	COTO, MARIA Y	
STREET ADDRESS	4982 W 12TH AVENUE	
CITY-ST-ZIP	HILEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	500001813885 -05/08/96--01060--007 ****200.00 ****200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	M511	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELENA, CASINES

CR2E034 (12/95)