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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 482610 (3)

1. Corporation Name
COTO'S PHARMACY, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145	2300 CORAL WAY #200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33145 Country 25 US	Zip 29 33145 Country 30 US

3. Date Incorporated or Qualified: 06/29/1984

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

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] AMADA CANTERA LOPEZ - PRES. DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P/ COTO TABIBI ALINA	☐ Change ☐ Addition
NAME	COTO, MARIA Y		1.2 NAME	7770 N.W.175TH.STREET	
STREET ADDRESS	4982 W 12TH AVENUE		1.3 STREET ADDRESS	MIAMI FLORIDA 33015	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T/ COTO TABIBI ALINA	☐ Change ☐ Addition
NAME	CASINES, ELENA		2.2 NAME	7770 N.W. 175TH.STREET	
STREET ADDRESS	821 E. 2ND AVENUE		2.3 STREET ADDRESS	MIAMI FLORIDA 33015	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S/ COTO TABIBI ALINA	☐ Change ☐ Addition
NAME	COTO, MARIA Y		3.2 NAME	7770 N.W. 175TH.STREET	
STREET ADDRESS	4982 W 12TH AVENUE		3.3 STREET ADDRESS	MIAMI FLORIDA 33015	
CITY-ST-ZIP	HILEAH FL		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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: [signature]