FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G71306 (6)

1. Corporate Name
KASALTA PHARMACY, INC.

Principal Place of Business
1550 W. 84TH ST.
HIALEAH FL 33014

Mailing Address
1550 W. 84TH ST.
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2348441
Applied For / Not Applicable

State, Apt. # or Suite — 22
State, Apt. # or Suite — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City, State — 23
City, State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has ability to pay dividends in compliance with s. 607.0401, Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

MORENO, RAMON S.
1550 W. 84TH ST.
HIALEAH FL 33014

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. [illegible]

Signature

12. OFFICERS AND DIRECTORS

PD
MORENO, RAMON S.
~~10751 NW 58 AVENUE~~
~~MIAMI FL~~

TD
MORENO, ALFREDO.
19750 NW 57 PLACE
MIAMI FL

SD
MORENO, MIGUEL A.
~~5660 NW 192 ST~~
~~MIAMI FL~~

13. ADDITIONS, CHANGES, OR DELETIONS

X Change ☐ Add
820 W 34 STREET
HIALEAH, FL. 33012

☐ Change ☐ Add

X Change ☐ Add
3109 W 72 STREET
HIALEAH, FL. 33016

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that this report is accompanied by the fee or a check in the proper amount to cover the fee or shall be forwarded with an addendum.

SIGNATURE: 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAMON S. MORENO

(305) 446-2055
Daytime Phone #

0094849 CP