

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000108347

**Entity Name:** DROGUERIA BETANCES (U.S.) LLC**Current Principal Place of Business:**AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
CAGUAS, 000725**Current Mailing Address:**PO BOX 368  
CAGUAS, 00726 PR**FEI Number:** 46-3307450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALONSO & DIAZ PLLC  
14100 PALMETTO FRONTAGE RD  
112  
MIAMI LAKES, FL 33016 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JUAN ALONSO

10/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRESIDENT/DIRECTOR  
Name RODRIGUEZ, RAUL  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 00725

Title VICE PRESIDENT OF SALES &  
MARKETING  
Name JUSINO, CARMEN M  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 000725

Title VICE PRESIDENT OF OPERATIONS  
AND DISTRIBUTION CENTER  
Name RIVERA, FRANK  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 000725

Title SECRETARY  
Name FORNES, MARIO  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 000725

Title EXECUTIVE VICE PRESIDENT &  
GENERAL  
MANAGER/DIRECTOR/TREASURER  
Name HERNANDEZ, JUAN CARLOS  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 00725

Title VICE PRESIDENT OF FINANCE &  
ADMINISTRATION  
Name SIERRA, SAMUEL  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 000725

Title CHIEF PHARMACIST  
Name ORTIZ, MYRNA  
Address AVENIDA LUIS MUÑOZ MARÍN  
ESQUINA EL TROCHE  
City-State-Zip: CAGUAS 000725

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN CARLOS HERNANDEZ

EVP

10/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date