

**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 APR 26 AM 8:18

**DOCUMENT # 292122 (9)**

1. Corporation Name  
**LUIS PHARMACY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001467812  
-04/28/95--01021--014  
\*\*\*200.00 \*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**3601 S.W. 8 ST  
MIAMI FL 33135**

3. Date Incorporated or Qualified **04/20/1965** 3a. Date of Last Report **02/25/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1092146** Applied For  
Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

23 Zip 25 County 28 Zip 30 County

8. This corporation has liability for intangible tax under Ch. 193.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAIAC, MANUEL  
150 S.E. 2ND AVE  
SUITE #609  
MIAMI FL 33131**

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 of Registered Agent (Required when changing agent and office)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **MARTINEZ, LUIS**  
STREET ADDRESS **4300 MONSERRAT**  
CITY - ST - ZIP **CORAL GABLES FL**

1.1 TITLE **PRESIDENT**  Change  Addition  
1.2 NAME **LUIS MARTINEZ**  
1.3 STREET ADDRESS **3601 S.W. 8 ST.**  
1.4 CITY - ST - ZIP **MIAMI - FL - 33135**

TITLE **S**  
NAME **MARTINEZ, JUAN**  
STREET ADDRESS **3601 SW 8 ST.**  
CITY - ST - ZIP **MIAMI FL 33135**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **T.S. 4/26/95**  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 110.07(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 its 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 affidavit.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan 17/95** **305**  
Typed Name **LUIS-5353**