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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90036 046 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 292122

LUIS PHARMACY, INC.

Principal Place	a of Business	Mailing Address				E) B)#;  W W   W W   #:#	!  <b>        </b>    150
3601 S.W. 8 ST		3601 S.W. 8 ST			· .		
MIAMI FL 33135		MIAMI FL 33135			DO NOT WRITE IN TH	HC CDACE	
			•		3. Date Incorporated or Qualifed	IIS SFACE	
					•		.
		0- 14-35- Address			04/20/1965 4. FEI Number	. Appl	ied For
2. Principal Pl	lace of Business	2a. Mailing Address			59-1092146	<del></del>	Applicable
21		Suite, Apt. #, etc.			39 1092 140	\$8.75 Ad	$\overline{}$
Suite, Apt.	#, etc.	├ <b>-</b> -i			5. Certificate of Status Desired	Fee Requ	
City & State		City & State			6. Election Campaign Financing	\$5.00 M	lav Be
—¬ `		28			Trust Fund Contribution	Added to	. 1
<b>Z</b> ip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	
24	25	29 30	0		Personal Property Tax.		□No
24	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
	through the state of the state		81	1 Name	•	e	
	C, MANUEL		82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
<sup>1,310</sup> 150	S.E. 2ND AVE		1	- Chook had		ورواد المراجية ومد	
SUIT	E #609		83	3			
MAIM	VII FL 33131		84	4 City	\$2.54 (\$4.55 to \$1.51 \$1.55 \$1.45 \$1	85 Zip Co	ode
	•				F	LIT	٠
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abov	ve-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its re	egistered   stered
office or re	egistered agent, or both, in the State of	of Florida. Such change was autr	nonzed by	y in <del>e</del> corporat	Juli 2 Dogla of directors. I hereby accept are ap	po	*·-·
agent La	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statute	s.	•		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statute	s.			
agent. I a	m familiar with, and accept the obligat	nt and title if applicable. (NOTE: Ri	Registered Age	<b>15</b> .	red when reinstating) DATE		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0005, Florid and title if applicable. (NOTE: RI ID DIRECTORS	Registered Age	ent signature requir	red when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
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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 supplementant and a courage 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 officer or director of the corporation or the Block 12 or Block 13 if changed or or ar

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS