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 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 367567 (5)

1. Corporation Name

GM DRUG COMPANY

Principal Place of Business	Mailing Address
% FEDCO, INC., 629 71ST ST. P.O. BOX 414258 MIAMI BEACH FL 33141	% FEDCO, INC., 629 71ST ST. P.O. BOX 414258 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1970	3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-1316736	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSKIN, LLOYD L. 629 71ST ST P.O. BOX 414258 MIAMI BEACH FL 33141	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	MULTACK, WILLIAM E	1 2 NAME	
STREET ADDRESS	629 71ST ST	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1 4 CITY-ST-ZIP	
TITLE	ASD	2 1 TITLE	☐ Change ☐ Addition
NAME	MULTACK, JOELLEN	2 2 NAME	
STREET ADDRESS	629 71ST ST	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2 4 CITY-ST-ZIP	
TITLE	VCD	3 1 TITLE	☐ Change ☐ Addition
NAME	RUSKIN, LLOYD	3 2 NAME	
STREET ADDRESS	629 71ST ST	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3 4 CITY-ST-ZIP	
TITLE	SD	4 1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, ISABEL	4 2 NAME	
STREET ADDRESS	629 71ST ST	4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4 4 CITY-ST-ZIP	
TITLE	ASD	5 1 TITLE	☐ Change ☐ Addition
NAME	RUSKIN, CANDACE	5 2 NAME	
STREET ADDRESS	629 71ST ST	5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5 4 CITY-ST-ZIP	
TITLE	CTD	6 1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, JOSEPH H	6 2 NAME	
STREET ADDRESS	629 71ST ST	6 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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 119.07(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 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: Lloyd L. Ruskin LLOYD L. RUSKIN VICE CHAIRMAN OF THE BOARD AND GENERAL COUNSEL 4/04/95 305 865-4482
Signature and typed or printed name of signing officer or director Date Telephone

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