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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 426748 (0) FARMACIA LUIS NO. 2, INC. Principal Place of Business 572 W FLAGLER MMIR R, 33144 MAIR R, 33144 DO NOT WRITE IN THIS SPACE 2. Date incorporated or Qualified 05/25/1973 2. Principal Place of Business 2. A. Mailing Address 572 W FLAGLER MMIR R, 33144 DO NOT WRITE IN THIS SPACE 2. Date incorporated or Qualified 05/25/1973 2. Date incorporated or Qualified 05/25/1973 2. Date incorporated or Qualified 05/25/1973 2. Date incorporation or Qualified 05/25/1973 2. Date incorporation or Qualified 05/25/1973 3. Date incorporation or Date or Da		1998	DIVI	DIVISION OF CORPORATIONS		Secretary of State	
Principal Place of Business Mailing Address 672 W FLAGER MAMI FL 3344 Mailing Address 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Dise incorporation of outsillined 05/25/1973 25. Dise incorporation of outsillined 05/25/1973 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. City & State 20. City & State 21. Country 22. D. Country 23. Country 23. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. City & State 25. Country 26. Suite, Apt. #, etc. 27. Country 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Country 20. Suite, Apt. #, etc. 20. Country 20. Country 20. Suite, Apt. #, etc. 21. Country 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 26. Election Countreptin Financing 35.00 May Be Address of Current Registered Agent 10. Name and Address of the Principal Pri			`	0)			Coluct
Principal Place of Business Mailing Address S72 W FLAGER MAMI FL 33144 S72 W FLAGER MAMI FL 33144 S72 W FLAGER S72 W FLAGER MAMI FL 33144 S72 W FLAGER MAMI FL 33145 S72 W FLAGER MAMI FL 33131 S72 W FLAGER MAMI FL 33131 S72 W FLAGER MAMI FL 33145 S72 W FLAGER MAMI FL 33145 S74 W FLAGER MAMI FL 34145 MAMI FL		101A L010 110. 2,					
MAMI FL 33144	Principal Plac	e of Business	Mailing Addres	ss			011 01011 01011 01011 1011
Committee Comm							ACE
2. Principal Place of Business 22. Malling Address 5. FB Number 59-1477322						,	
Suite, Apt. 4, cic. S. Certificate of Status Desired S8.75 Additional Property and Language Property and	2. Principal P	lace of Business	2a. Mailing Ado	iress			Applied For
City & State			26			59-1477322	
Zip	22			t, etc.		5. Certificate of Status Desired	
Zolar		е				· · · · · · · · · · · · · · · · · · ·	
25 29 30 Personal Property Tax due June 20 27 Name and Address of Current Registered Agent	Zìp	Country			Country		
STREET ADDRESS CITY-ST-ZP Change DELETE	24	25	 	30	- ·		
SITE ADDRESS CITY-ST-ZIP TITLE DELETE J DELE		9. Name and Addre	as of Current Registered Agent			10. Name and Address of New Registered Ag	ent
SUITE 609 MIAMI FL 33131 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's board of directors. I hereby accept the appointment as 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 and story accept the appointment as registered agent and story appointment as registered agent appointment as registered agent appointment as registered agent appointment appointment as registered agent appointment as registered agent appointment as registered agent appointment as registered agent appointment appointmen					81 Name	-	
MIAMI FL 33131 83						dress (P.O. Box Number is Not Acceptable)	
### City #### City ##### City ##### City ####### City ####################################							
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 agent, and the provisions of sections 607.0502 and 607.1508, Florida Statutes. SIGNATURE SIGNATURE Signature, hyped or printed name of registered agent and title 4 applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD OFFICERS AND DIRECTORS IN 12. TITLE PD TITLE ATMARABELLA 13. STREET ADDRESS CORAL GABLES FL 14. CITY-ST-2IP TITLE ATMARABELLA CORAL GABLES FL DELETE 22. TITLE ALCHY-ST-2IP TITLE DELETE 33. STREET ADDRESS CITY-ST-2IP TITLE DELETE 3. TITLE Change Addition ANAME 32. NAME 33. STREET ADDRESS CITY-ST-2IP TITLE DELETE 3.1 TITLE Change Addition ANAME 32. NAME 33. STREET ADDRESS CITY-ST-2IP TITLE DELETE 3.1 TITLE Change Addition ALCHY-ST-2IP TITLE Change Addition ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP CHANGE ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP CHANGE ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2IP ALCHY-ST-2IP TITLE CHANGE ALCHY-ST-2	MI	AMI FL 33131			63		
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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, hypod or printed name of registered agent and 166 if applicable PNOTE, Registered Agent signature required when reinstating) DATE					84 City		85 Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE, Registered Agent signature required when reinstating) DATE							
Signature, hipped or printed name of registered agent and 186 of applicable NOTE, Registered Agent signature required when reinstating) DATE		milamilai with, and acce	ept the congations or, section our	.0000, FIORES	a Statutes.		
TITLE				(NOTE, Re	gistered Agent signature requ		
NAME							
STREET ADDRESS 47 MARABELLA 13 STREET ADDRESS 1.4 CITY-ST-ZIP			ن ں	ELETE		L	! Change Addition
CITY-ST-ZIP	;			l			
TITLE			7		1		
NAME		OOTHE OTHER		ELETE			Change Addition
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	NAME					_	, Gridingo - Trodinida
City-St-ZiP	STREET ADDRESS				į		İ
DELETE DELETE 3.1 TITLE Change Addition	City - St - ZIP				· · · · · · · · · · · · · · · · · · ·	,]
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition	TITLE		D				Change Addition
CITY-ST-ZIP	NAME				3.2 NAME		
TITLE	STREET ADDRESS				3.3 STREET ADDRESS		İ
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME							
STREET ADDRESS 4.3 STREET ADDRESS			ום ו		i		Change
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE	1						
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME					1		1
NAME 5.2 NAME							Change Lawrence
			[] U		ſ		Change LI Accition
	STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		

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 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.

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:x.

CITY - \$T - ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE REQU

DELETE

1-10-98

FILED

Jan 26 1998 8:00am