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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

9. Name and Address of Current Registered Agent

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ESPINOSA, ZENOBIO A 6541 SW 44 ST.

MIAMI FI 33155

(8)

Suite, Apt #, etc.

City & State

Zip

FARMACIA LA FE CORPORATION

Principal Place of Business	Mailing Address	
1922 SW 57 AVE MIAMI FL 33155	1922 SW 57 AVE MIAMI FL 33155	
2. Principal Place of Business	2e. Mailing Address	

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FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

ear Intangible

☐ No

Not Applicable

3. Date Incorporated or Qualified

09/19/1975 4. FEI Number

59-1955728

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes or has paid the current y

10. Name and Address of New Registered Agent

Personal Property Tax due June 30.

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

••••			63	3								7
			84	City					85	Zip C	Code	$\frac{1}{2}$
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.											1	
SIGNATURE Signature typod or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstalling) DATE DATE												
12.	OFFICERS AND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·			HANGES TO O	FFICERS AND	DIREC	CTOR	S IN 12	~¦ģ
TITLE	PT	DELETE	1.1 TITLE		Ax	560			Cha	ange	Addition	7
NAME	ESPINOSA, ZENOBIO A		1.2 NAME		V Y	000						2
STREET ADDRESS	1922 SW 57 AVE		1.3 STREE	T ADDRESS								Ę
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP								Š
TITLE	VST	DELETE	2.1 TITLE						Cha	ange	Addition	75
NAME	ESPINOSA, ELISA		2.2 NAME									-
STREET ADDRESS	10501 NW 32 AVE		2.3 STREE	1 ADDRESS								
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST-ZIP								
TITLE	SV	▼ DELETE	3.1 1ITLE						Cha	ange	Addition	٦
NAME	Rodriguez, Maria antoniet		3.2 NAME	ĺ								
STREET ADDRESS	1922 SW 57 AVE		3.3 STREE	T ADDRESS								
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP_								
TITLE	-	☐ DELETE	4.1 TITLE	-					Cha	ange	Addition	
NAME			4 2 NAME	[
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CiTY-ST-ZIP			4.4 CITY-	ST-ZIP								
TITLE	_	☐ DELETE	5.1 TITLE						Cha	ange	Addition	7
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE	1 ADDRESS								
CITY-ST-ZIP			5.4 CITY -	ST-ZIP								J
TITLE		☐ DELETE	6.1 TITLE]					Cha	ange	Addition	7
NAME			6.2 NAME									
STREET ADDRESS		j	6.3 STREE	t address								
CITY-ST-ZIP			6.4 CITY-									
14. I hereby certify that the information supplied with this fling 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 activate report is give 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 of the rock-wood trusters in powered 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 or an attacking address.												

Country

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