

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96995 (8)  
1. Corporation Name  
DESOTO PHARMACY, INC.



Principal Place of Business: 823 SOUTHERN BLVD. W PALM BCH FL 33405  
Mailing Address: 823 SOUTHERN BLVD. W PALM BCH FL 33405-2529

3. Date Incorporated or Qualified: 08/23/1982  
3a. Date of Last Report: 05/29/1996  
4. FEI Number: 59-2211824  
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 (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCISCO SOTO  
823 Southern Blvd.  
West Palm Beach, FL 33405

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 of both, in the State of Florida. Each 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: FRANCISCO SOTO

2/2/97

Table 12: OFFICERS AND DIRECTORS. Includes entries for TS SOTO, FRANCISCO F. and MARIA ANTONIA SOTO, President/Director.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for 1.1 TITLE through 6.4 CITY-ST-ZIP.

14. I do 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. 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: Maria A. Soto, President/Director, 1/13/97, (305) 644-1779

CR2E034 (9/96)