FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G71306 (6)

1. Corporation Name
KASALTA PHARMACY, INC.

Principal Place of Business
1550 W. 84TH ST.
HIALEAH FL 33014

Mailing Address
~~1550 W. 84TH ST.~~
~~HIALEAH FL 33014~~

3. Date Incorporated or Qualified: 11/22/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26: 3400 CORAL WAY
Suite, Apt #, etc. — 22
Suite, Apt. #, etc — 27: 600
City & State — 23
City & State — 28: MIAMI, FLORIDA
Zip — 24 / Country — 25
Zip — 29: 33145-3053 / Country — 30: U.S.A

4. FEI Number: 59-2348441 — 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

9. Name and Address of Current Registered Agent
MORENO, RAMON S.
1550 W. 84TH ST.
HIALEAH FL 33014

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (Both Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORENO, RAMON S.	
STREET ADDRESS	~~820 W 84 ST~~	
CITY-ST-ZIP	~~HIALEAH FL~~	
TITLE	TD	☒ DELETE
NAME	MORENO, ALFREDO.	
STREET ADDRESS	~~10750 NW 57 PLACE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	SD	☐ DELETE
NAME	MORENO, MIGUEL A.	
STREET ADDRESS	~~8100 W 72 ST~~	
CITY-ST-ZIP	~~HIALEAH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8802 N.W. 189 TERR	
1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	8732 N.W.189 TERR.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33015	
4.1 TITLE	TD	☐ Change ☒ Addition
4.2 NAME	MORENO, MARIA D.	
4.3 STREET ADDRESS	8873 NW 189 TERR	
4.4 CITY-ST-ZIP	MIAMI, FL. 33015	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	100001810441	
5.3 STREET ADDRESS	-05/07/96--01021--012	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

5/7/96

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: RAMON MORENO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (305) 446-2055
Date Daytime Phone #