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	Mailing Address
1550 W. 84TH ST. HIALEAH FL 33014	~~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	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
MORENO, RAMON S. **1550 W. 84TH ST.** **HIALEAH FL 33014**	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) (Both Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MORENO, RAMON S.		1.2 NAME	
STREET ADDRESS	~~820 W 84 ST~~		1.3 STREET ADDRESS	8802 N.W. 189 TERR
CITY-ST-ZIP	~~HIALEAH FL~~		1.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	TD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORENO, ALFREDO.		2.2 NAME	
STREET ADDRESS	~~10750 NW 57 PLACE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MORENO, MIGUEL A.		3.2 NAME	
STREET ADDRESS	~~8100 W 72 ST~~		3.3 STREET ADDRESS	8732 N.W.189 TERR.
CITY-ST-ZIP	~~HIALEAH FL~~		3.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE		☐ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME			4.2 NAME	MORENO, MARIA D.
STREET ADDRESS			4.3 STREET ADDRESS	8873 NW 189 TERR
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100001810441
STREET ADDRESS			5.3 STREET ADDRESS	-05/07/96--01021--012
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 3-12-96 (305) 446-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #