FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 APR 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G90621 (5)

1. Corporation Name
COTO'S PHARMACY #2, INC.

Principal Place of Business	Mailing Address
1036 S.W. FIRST AVENUE MIAMI FL 33130	1036 SW 1 ST MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1036 S.W. 1 ST.
Suite, Apt. #, etc. 22
City & State 23 MIAMI FLA.
Zip 24 33130 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2368092 ☐ 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

FL ANNUAL RPT/CANTERA ASSOCIATES INC
1036 S.W. FIRST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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] AMADA C. LOPEZ.PRES 4/95
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D.COTO MARIA Y. ☐ Change ☐ Addition
NAME	COTO, JULIO	12 NAME	
STREET ADDRESS	851 EAST 2 AVENUE	13 STREET ADDRESS	851 EAST 2 AVE
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	HIALEAH FLA.
TITLE	VD	21 TITLE	V/D.COTO MARIA Y. ☐ Change ☐ Addition
NAME	COTO, MARIA Y.	22 NAME	
STREET ADDRESS	851 EAST 2 AVENUE	23 STREET ADDRESS	851 EAST 2 AVE
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	HIALEAH FLA.
TITLE	SD	31 TITLE	S/D.CASINES ELENA ☐ Change ☐ Addition
NAME	CASINES, ELENA	32 NAME	
STREET ADDRESS	145 EAST 34 STREET	33 STREET ADDRESS	145 EAST 34 STREET
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	HIALEAH FLA.
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	100001472331
STREET ADDRESS		43 STREET ADDRESS	-05/03/95--01016--007
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

4/26

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)(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.

*SIGNATURE: [signature] 4/95
*NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ELENA CASINES

0126225 CP