

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

APPROVED
AND
FILED

96 MAY -1 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G90621** (5)

1. Corporation Name

COTO'S PHARMACY #2, INC.

Principal Place of Business

**1036 S.W. 1 ST.
MIAMI FL 33130**

Mailing Address

**1036 S.W. 1 ST.
MIAMI FL 33130**



2. Principal Place of Business
21 **2300 CORAL WAY**

Suite, Apt. #, etc.

2a. Mailing Address
26 **2300 CORAL WAY**

Suite, Apt. #, etc.

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
04/28/1995

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

City & State
23 **MIAMI FLORIDA,**

Zip Country
24 **33145 US.**

City & State
28 **MIAMI FLORIDA,**

Zip Country
29 **33145 US.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
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)
2300 CORAL WAY SUITE # 200

83

84 City **MIAMI** FL 85 Zip Code **33145**

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

AMADA CANTERA LOPEZ, PRES

Signature typed or printed name of registered agent or third applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD COTO, MARIA Y**
STREET ADDRESS **851 EAST 2 AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **VD COTO, MARIA Y**
STREET ADDRESS **851 EAST 2 AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **SD CASINES, ELENA**
STREET ADDRESS **145 EAST 34 STREET**
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

11 TITLE ☐ Change ☐ Addition
12 NAME **800001813388**
13 STREET ADDRESS **-05/08/96--01060--008**
14 CITY - ST - ZIP ******200.00 ****200.00**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA Y COTO

4/29/96

DATE

CR2E034 (12/95)