

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G98549** (0)

1. Corporation Name

LAGE PHARMACY, INC.



Principal Place of Business

**3485 WEST FLAGLER STREET
MIAMI FL 33135**

Mailing Address

**3485 W FLAGLER ST
STE 200
MIAMI FL 33135
US**

3. Date Incorporated or Qualified

02/16/1984

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2422575

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**GARCIA, RICARDO J.
7340 SW 158TH AVE.
MIAMI FL 33193**

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 of Registered Agent or Director (Print Name)

Signature of New Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME
LAGE, MARIA
STREET ADDRESS
8720 SW 53 ST
CITY-STATE-ZIP
MIAMI FL**

TITLE ☐ DELETE

**S
NAME
GARCIA, RICARDO J.
STREET ADDRESS
7340 SW 158TH AVENUE
CITY-STATE-ZIP
MIAMI MI 33193**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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 on an additional report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC / REG AGENT 2/6/94 642-0322

CR2E034 (12/95)