

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:58

DOCUMENT # **M05621** (1)

1. Corporation Name

CENTRAL PHARMACIES, INC.

Principal Place of Business

**1841 S.W. 8TH STREET
MIAMI FL 33135**

Mailing Address

**1841 S.W. 8TH STREET
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1984

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2447196

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

2. Principal Place of Business

21 2588 SW 27 AVENUE

2a. Mailing Address

2a 2588 SW 27 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33133

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MIYAR, MANUEL J.
3775 SW 129TH AVENUE
MIAMI FL 33175**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVD
MIYAR, MANUEL
3775 SW 129 AVENUE
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**KRX
MIYAR, JOSEFINA
32042 SW 10TH TERBARE
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVTSD
MIYAR, MANUEL
3775 SW 129 AVENUE
MIAMI, FL 33175** ☒ Change ☐ Addition

21 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 of this document, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL J. MIYAR