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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:30

DOCUMENT # **M44454** **(0)**

1. Corporation Name
SOUTH BEACH PHARMACY, INC.

Principal Place of Business	Mailing Address
805 FIFTH ST. MIAMI BEACH FL 33139-6511	803 FIFTH ST. MIAMI BEACH FL 33139-6511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/07/1987	07/22/1994

2. Principal Place of Business	2a. Mailing Address
21 805 FIFTH st	26 805 FIFTH st
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Beach FL	28 City & State: Miami Beach FL
24 Zip: 33139- 25 Country: DADE	29 Zip: 33139 30 Country: DADE

4. FEI Number: 59-2752746 ☐ 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
BURGOS, MARCOS 803 FIFTH ST. MIAMI BEACH FL 33139	81 Name: Burgos Marco 82 Street Address (P.O. Box Number is Not Acceptable): 805 5th st 83 84 City: Miami Beach FL 85 Zip Code: 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BURGOS, MARCOS	12 NAME		
STREET ADDRESS	803 FIFTH AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	ZARATE, YOLANDA B.	22 NAME		
STREET ADDRESS	803 FIFTH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	BURGOS, RAFAEL, JR.	32 NAME	Burgos, Suzanne M.	
STREET ADDRESS	803 FIFTH AVE.	33 STREET ADDRESS	805 5th st	
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP	Miami Beach FL 33139	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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		

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 addition.

SIGNATURE: [signature] 4/01/95 305 534-1253
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0144099 CP