APR 30 2002 9:26AM

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91325 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021640

1. Entity Name
LX EXPRESS PHARMACY CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16166 SW 138 CT.
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip 33177 Country US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1081805
Applied For
Not Applicable
5. Certificate of Status Desired $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name MARIA V. NEGRON
Street Address (P.O. Box Number is Not Acceptable)
16166 SW 138 CT.
City MIAMI FL Zip Code 33177

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE Maria V Negron DATE 4-3002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARIA V. NEGRON
STREET ADDRESS	16166 SW 138 CT.
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	V
NAME	NEGRON NEGRON
STREET ADDRESS	16166 SW 138 CT.
CITY-ST-ZIP	MIAMI, FL 33177
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	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria V Negron 4/3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #