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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P93000066837 (4)**

1. Corporation Name
LA LUZ PHARMACY INC.

Principal Place of Business	Mailing Address
1036 S.W. 1 ST MIAMI FL 33130	1036 S.W. 1 ST MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business: 21 1036.S.W. 1 ST.	2a. Mailing Address: 26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 MIAMI, FLORIDA	City & State: 28
Zip: 24 33130 — County: 25 U.S.	Zip: 29 — County: 30
4. FEI Number: 65-0438506	☐ 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

FLORIDA ANNUAL REPORT SERVICES/CANTERA & ASSOCIATES INC.
1036 S.W. 1 ST
MIAMI FL 33130-1094

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): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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 C. LOPEZ, PRES — DATE: 4/25/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	TABIBI, ALINA	12 NAME	
STREET ADDRESS	7770 NW 175TH ST	13 STREET ADDRESS	200001471892
CITY ST ZIP	MIAMI FL 33015	14 CITY ST ZIP	-05/02/95--01157--007
TITLE	DT	21 TITLE	****200.00 ☐ Change ☐ Addition
NAME	TABIBI, MOHAMMAD	22 NAME	
STREET ADDRESS	7770 NW 175TH ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33015	24 CITY ST ZIP	
TITLE	DS	31 TITLE	D/S. ☐ Change ☐ Addition
NAME	COTO, JULIO C	32 NAME	COTO, MARIA Y.
STREET ADDRESS	851 E 2ND AVE	33 STREET ADDRESS	851 EAST 2 AVE
CITY ST ZIP	HIALEAH FL 33010	34 CITY ST ZIP	HIALEAH, FL 33010
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	DP 4/27
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 address.

SIGNATURE: Mohammad Tabibi TREAS/D — 4/25/95 — 305 576 86 86
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MOHAMMAD TABIBI

0194311 CP