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

APPROVED AND FILED

DOCUMENT # **P94000005370 (9)**

1. Corporate Name
SAN GERMAN PHARMACY & DISCOUNT, INC.

Principal Place of Business
11225 S.W. 99TH COURT
MIAMI FL 33176

Mailing Address
11225 S.W. 99TH COURT
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Apt. # or — 22
State Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0467217 — 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
DEL POZZO, ZOILA
11225 S.W. 99TH COURT
MIAMI FL 33176

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 Section 607.0501, 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. The 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
P	DEL POZZO, ZOILA	11225 S.W. 99TH COURT	MIAMI FL 33176

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St, Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including any changes, is true and does not qualify for the mandatory dissolution pursuant to Section 607.1920, Florida Statutes. I further certify that the information shown on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report with an asterisk.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ZOILA DEL POZZO

4/24/95 (305) 444-5218
Daytime Phone #

0102123 CP