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
95 MAY -1 PM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015739 (3)**

1. Corporation Name
SUNSET/SENTRY DRUGS, INC.

Principal Place of Business	Mailing Address
9783 SW 72ND ST. MIAMI FL 33173	9783 SW 72ND ST. MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 9783 S.W. 72 St.
2a. Mailing Address: 26 SAME
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23 Miami FLA.
City & State: 28
Zip: 24 33173 Country: 25 DADE
Zip: 29 Country: 30

4. FEI Number: 65-0472307 ☐ 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

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
TALLAHASSEE FL 33134

10. Name and Address of New Registered Agent

81 Name: SEYMOUR SCHULEMSON
82 Street Address (P.O. Box Number is Not Acceptable): 9783 S.W. 72ST.
83
84 City: Miami FL 85 Zip Code: 33173

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] SEYMOUR SCHULEMSON 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRES. ☒ Change ☐ Addition
NAME	JAFFE, ONDENE H	12 NAME	SEYMOUR SCHULEMSON
STREET ADDRESS	10101 SOUTHWEST 72 STREET	13 STREET ADDRESS	9783 S.W. 72 ST.
CITY-ST-ZIP	MIAMI FL 33173	14 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		21 TITLE	SEC ☐ Change ☒ Addition
NAME		22 NAME	MYRA D. SCHULEMSON
STREET ADDRESS		23 STREET ADDRESS	9783 SW 72 ST.
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		31 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME		32 NAME	ONDENE H. JAFFE
STREET ADDRESS		33 STREET ADDRESS	9783 SW 72 ST.
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL 33173
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)(k), 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: [signature] SEYMOUR SCHULEMSON, 4/25/95 (305) 271-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100747 CF