FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000065805 (1)**

1. Corporation Name

SOSA PHARMACY CORP.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD, SUITE 911 CORAL GABLES FL 33134	2600 DOUGLAS ROAD, SUITE 911 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business
21: 540 NW 57ave.
22: Suite, Apt. #, etc.
23: City & State: Miami Florida
24: Zip: 33126
25: Country: Jade

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0516474 ☐ 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

LUSTIG, ROY R
2600 DOUGLAS ROAD, SUITE 911
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Raimundo Levi, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 815 N.W. 57th Ave #304
83:
84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Section 607.0502 and 607.0508, 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: _____ 3-7-96
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	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOSA, ORLANDO		1.2 NAME		
STREET ADDRESS	C/O 2600 DOUGLAS ROAD, SUITE 911		1.3 STREET ADDRESS	8337 NW 194 Terrace	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, Florida 33015	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOSA, MERCEDES		2.2 NAME		
STREET ADDRESS	1120 S.W. 76 CT.		2.3 STREET ADDRESS	6367 SW 12 St.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl 33144	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOSA, SANDRA		3.2 NAME		
STREET ADDRESS	1225 S.W. 78 CT.		3.3 STREET ADDRESS	8337 NW194 Terrace	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl 33015	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Sandra Sosa 5-13-96 (305) 264-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #