FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 Amended

FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000065805

1. Corporation Name

SOSA PHARMACY CORP.

Principal Place of Business — Mailing Address

540 NW 57th Avenue
MIAMI, FL. 33126

3. Date Incorporated or Qualified: 1994
3a. Date of Last Report: 1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

RAUL BOTANA

10. Name and Address of New Registered Agent

81 Name: PETER C. BIANCHI, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 255 University Drive
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: Peter C. Bianchi, Jr. — 5/21/97
Signature: typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent's signature required when name is being) DATE

12. OFFICERS AND DIRECTORS

TITLE	Director/ President
NAME	Mercedes Sosa
STREET ADDRESS	6367 SW 12th Street
CITY-ST-ZIP	Miami, Fl 33144
TITLE	VIce-President
NAME	Orlando Sosa
STREET ADDRESS	8337 NW 194 Terr.
CITY-ST-ZIP	Miami 33015
TITLE	Secretary
NAME	Sandra Sosa
STREET ADDRESS	8337 NW 194 Terr
CITY-ST-ZIP	Miami FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary & Treasurer
1.2 NAME	Mercedes Sosa
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	200002238942
5.2 NAME	-07/16/97--01004--011
5.3 STREET ADDRESS	***61.25
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec. 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 signed, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 305-264-2950 Daytime Phone #