

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000078036 (8)**

1. Corporation Name

ESTRELLA PHARMACY, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1845 NW 17TH AVE MIAMI FL 33125		1845 NW 17TH AVE MIAMI FL 33125	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified		3a. Date of Last Report	
10/24/1994			
4. FEI Number		Applied For	
65-0528871		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RIGUIERO, FRANK J 1845 NW 17TH AVE MIAMI FL 33125		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 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 typed or printed name of registered agent and title if applicable DATE _____
NOTE: Registered Agent signature required when transferring

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	RIGUIERO, FRANK J	1.2 NAME	
STREET ADDRESS	1845 NW 17TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33125	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	RIGUIERO, LISSET	2.2 NAME	
STREET ADDRESS	1845 NW 17TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33125	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: *Frank Riquero* **FRANK RIGUIERO** 4/24/95 305-325-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AT DIRECTOR