

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 27 1998 8:00am
Secretary of State

DOCUMENT # **P95000092849 (5)**

1. Corporation Name

ROSITA'S PHARMACY, INC.

Principal Place of Business

**3069-B PALM AVENUE
HALEAH FL 33012**

Mailing Address

**3069-B PALM AVENUE
HALEAH FL 33012**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GONZALEZ, ORLANDO N
320 SW 23RD ROAD
MIAMI FL 33129**

3. Date Incorporated or Qualified

12/04/1985

4. FEI Number

65-0625698

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

GUIDO F. MUNOZ

82 Street Address (P.O. Box Number is Not Acceptable)

12980 NW 6TH TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33182

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]

(NOTE: Registered Agent signature required when reinstating)

03/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **GONZALEZ, ORLANDO N**
STREET ADDRESS **320 SW 23RD ROAD**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.D** ☐ Change ☒ Addition
1.2 NAME **GUIDO F. MUNOZ**
1.3 STREET ADDRESS **12980 NW 6TH TERRACE**
1.4 CITY-ST-ZIP **MIAMI, FL 33182**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE
5.2 NAME

14. I hereby certify that the information supplied with this filing 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:

[Signature]

03/29/98 (305) 805-5509

2E034 (10/97)