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FILED
Feb 27 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 # P95000095031 (7)

1. Corporation Name
CORAL DRUGSTORE, INC.

Principal Place of Business

16173 BISCAYNE BLVD
NO. MIAMI FL 33160

Mailing Address

16173 BISCAYNE BLVD.
NO. MIAMI FL 33160-4337



3. Date Incorporated or Qualified 12/14/1995
3a. Date of Last Report 04/08/1996

2. Principal Place of Business

21 16173 BISCAYNE BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 16173 BISCAYNE BLVD
Suite, Apt. #, etc.

4. FEI Number

APPLICABLE FOR 65-0681135
Applied For
Not Applicable

22 City & State

23 N. Miami, FL

24 33160
Zip

25 U.S.A.
Country

27 City & State

28 N. Miami, FLORIDA

29 33160
Zip

30 U.S.A.
Country

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

WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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 required for printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HANFUNG, GUILLERMO
STREET ADDRESS C/O 16173 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI FL 33160
☐ DELETE

TITLE VTD
NAME HANFUNG, SUZANNE
STREET ADDRESS C/O 16173 BISCAYNE BLVD.
CITY-ST-ZIP NO. MIAMI FL 33160
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information contained in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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, 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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUILLERMO HANFUNG 2/1/97 (305) 586-1218

CR2E034 (9/96)