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

DOCUMENT # P97000008114 (5)

LOVE & CARE PHARMACY, INC.

Debadasi Disas of Dusiness					
Principal Place of Business Mailing Address					
12261 S.W. 129TH COURT 12261 S.W. 129TH COURT					
MIAMI FL 331	MIAMI FL 33186	AMI FE 33190		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified
}					01/27/1997
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0729492 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. Certificate of Status Desired S8.75 Additional
22 27					Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Country		[28]			Trust Fund Contribution Added to Fees
Zip Country		Zlp Country		,	8. This corporation owes or has paid the current year Intangible
9. Name and Address of Current Registere			yed Agent		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	· · · · · · · · · · · · · · · · · · ·	negistered Agent	81	Name	10. Name and Address of New Registered Agent
I	NZALEZ, ARTURO			140.110	
	261 S.W. 129TH COURT AMI FL 33186		82	Street A	Address (P.O. Box Number is Not Acceptable)
WIF	4WI I E 33 100		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 registere 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.					
office of 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. (NOTE, Re				ent signature i	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CONTAILES ADTURO	☐ DELETE	1.1 TITLE		-∞,
NAME	GONZALEZ, ARTURO		1.2 NAME		
STREET ADORESS	1841 E 00407		1.3 STREET		
CITY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		
NAME	STD RODDEGO ANA	☐ DELETE		ĺ	Lf Change L Addition
STREET ADDRESS	BORREGO, ANA 3720 S.W. 132ND AVE.		2.2 NAME		
	MIAMI FL 33175		2.3 STREET		
CITY-ST-ZIP TITLE			2. 4 CITY -	ST-ZIP	Change Addition
NAME			3.1 TITLE 3.2 NAME		Li Grange Li Acciden
STREET ADDRESS			3.2 NAME 3.3 STREET	annocce	
CITY-ST-ZIP					
TITLE	(a) / 2 (d) (a) (a) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	DELETE	3.4. CITY - : 4.1 TITLE	91 - ZiP	☐ Change ☐ Addition
NAME		La Garage	4.1 NAME	1	
STREET ADDRESS			4.2 NAME	ADDDESS	
CITY-ST-ZIP			4.4 CITY - S		
TITLE		DELETE	5.1 TITLE	1-21	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S		
TITLE	NAME OF THE PARTY	☐ DELETE	5.4 CITT-S	1-40	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
OTTO OT THE			0.5 SINCE	AUUNLOO	

SIGNAT

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this agricult people 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 conforation or the precious 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 the property or 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 the property of the conformation or trust the information is true and accurate and that my name appears in Block 12 or Block 13 if the property of the conformation of the conformati

FILED

Jan 23 1998 8:00am

Secretary of State