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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

P97000012362

FILED Mar 24 1998 8:00am Secretary of State

LOLITA ^{\$} PHARMACY INC	
1037 W 29 ST HIALEAH FL 33012	
Principal Place of Business HIALEAH FL 33012 Mailing Address	
1037 W 29 ST 1037 W 29 ST	
DO NOT WRITE IN TH	HIS SPACE
HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualified	
2/96	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0725897	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
27 City & State City & State 5. Electron Comparing Financing	Fee Required
City & State Trust Fund Contribution— 28	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the	
24 25 29 30 Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Register	ed Agent
81 Name	
RUBEN MARTINEZ 62 Street Address (P.O. Box Number is Not Acceptable)	
W OKEECHOBEE RD	
APT 9202	
HIALEAN CADDENS 33016 84 City	85 Zip Code
	L 03 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 purposion office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the agent, I am fargitar with zarg accept the obligations of, Section 607.0505, Florida Statutes.	e of changing its registered
agent I am familiar with unid accept the obligations of, Section 607.0505, Florida Statutes.	1101
SIGNATURE Standard for a condition of my Steed applicable (NOTE Registered Agent signature required when renstating) PAT	1/1/
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE P	Change Addition
I NAME I ■ 1.2 NAME	
STREET ADDRESS RUBEN MART'. INEZ	
CITY-ST-ZIP 10101 W OKEECHOBEE RD APT (1.4 CITY-ST-ZIP	
HIALEAH GARDENS 33016 DELETE 21THE	☐ Change ☐ Addition ☐ C
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-7IP	Change Addition
NAME 32 NAME	Change C Aguition
STREET ADDRESS 33 SIREET ADDRESS	
CITY-ST-ZIP 34 CITY-ST-ZIP	
TITLE DELETE 4.1 TIDLE	☐ Change ☐ Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 44 CITY-S1-ZIP	l l
CITY-\$1-7 P	☐ Change ☐ Addition
	Change Addition
THE DELETE 51 THE	Change Addition
THE DELETE 51 TITLE NAME 5.2 NAME STREET ADDRESS CITY-ST-7/P 5.6 CITY-ST-7/P	3.24
DELETE DELETE 51 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE - 12 / 25 / 98 - 11 0 14	3.24
DELETE DELETE 51 TITLE	3.24
DELETE DELETE 51 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE - 12 / 25 / 98 - 11 0 14	3.24

indicated on this armus' 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, priori an attachment with an address.

SIGNATURE:

MENANTHE AND YEED ON BANKE ON SIGNING OF SIG

.Daylime Phone #

2E034 (10/97)