


FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

Mar 24 1998 8:00a
Secretary of State

DOCUMENT # 997000012362

1. Corporation Name
LOLITA'S PHARMACY INC
1037 W 29 ST
HIALEAH FL 33012

Principal Place of Business
1037 W 29 ST
HIALEAH FL 33012

Mailing Address
1037 W 29 ST
HIALEAH FL 33012

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
2/96

4. FEI Number
65-0725897

5. Certificate of Status Desired
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent
RUBEN MARTINEZ
W OKEECHOBEE RD
APT 9202
HIALEAH GARDENS 33016

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]
12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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]
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