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May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000069942 (5)

1. Corporation Name
APOTHECARY VENTURE CORPORATION, INC.

Principal Place of Business	Mailing Address
11 ISLAND AVENUE PH-10 MIAMI BEACH FL 33139	11 ISLAND AVENUE PH-10 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0781087	☐ Applied For ☐ Not Applicable
21 1200 BRICKELL AVE.	26 1200 BRICKELL AVE.		
Suite, Apt. #, etc. 22 Suite 130	Suite, Apt. #, etc. 27 SUITE 130	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23 MIAMI, FL	City & State 28 MIAMI. FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNETT BUSINESS SERVICES, INC. 1039 BRIAR RIDGE ROAD FORT LAUDERDALE FL 33327	81 Name: Marylin Hevia 82 Street Address (P.O. Box Number is Not Acceptable): 8621 NW 174 Terr 83 84 City: MIAMI FL 85 Zip Code: 33015

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: Marylin Hevia — MARYLIN HEVIA (Signature, typed or printed name of registered agent and title if applicable; NOTE: Registered Agent signature required when reinstating) — 4-29-98 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE: P/D	☑ Change ☐ Addition
NAME	FERNANDEZ, GEORGE L	1.2 NAME	
STREET ADDRESS	11 ISLAND AVENUE PH-10	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE: S/D	☑ Change ☐ Addition
NAME	SHIRKO-FERNANDEZ, ADOLFINA C	2.2 NAME	
STREET ADDRESS	11 ISLAND AVENUE PH-10	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 added/attached with an address.

SIGNATURE: [signature] GEORGE L. FERNANDEZ 4/10/98 305-577-0577