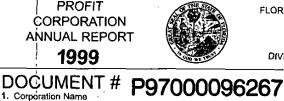
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

LA LUZ DRUG STORE, INC.

**CORAL GABLES FL 33134** 

1. Corporation Name

22

23 Zip 24

**DIVISION OF CORPORATIONS** 

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90087 034 \*\*\*150.00

Principal Place of Business	Mailing Address	
4677 WEST FLAGLER STREET MIAMI FLI 33134	4677 WEST FLAGLER STREET MIAMI FL 33134	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
H	26	65-0793771 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired S8.75 Additional Security Fee Required
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip Country	8. This corporation owes the current year intangible Personal Property Tax.
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE	81	Name Street Address (P.O. Box Number is Not Acceptable)

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.

City

SIGNATUR						
	Signature, typed or printed name of registered agent and title if applicat	<del></del>	egistered Agent signature re			
12.	OFFICERS AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	AGHAABDOLLAH, ASGHAR	1	1.2 NAME			
STREET ADORE	SS 4677 WEST FLAGLER STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP		<del></del>	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	AGHAABDOLLAH, ASGHAR		2.2 NAME			
STREET ADDRE	ss 4677 WEST FLAGLER STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME (			3.2 NAME			
STREET ADDRE	ss		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- ST-ZIP			<u> </u>
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRE	ss		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·	
TITLE	·	DELETE	5.1 TITLE		Change	☐ Addition
NAME	•		5.2 NAME			
STREET ADORE	ss		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRE	ss		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 Slock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

AGHAABDOLLAH Dato 3-12-A9 (305)443-39)

Zip Code

85