

1-7095 6-237-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 JUN 29 PM 4:06

DOCUMENT # S58228 (5)

1. Corporation Name

CABANA PHARMACY, INC.

Principal Place of Business

119 N.W. 29TH ST.
 MIAMI FL 33127

Mailing Address

119 N.W. 29TH ST.
 MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

05/17/1994

4. FEI Number

65-0278967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Election Campaign Financing
 Trust Fund Contribution

☐

**\$5.00 May Be
 Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**BIASON, LUIS
 1111 N.E. 152ND TERR.
 NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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, typed or printed name of registered agent and take a duplicate

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

BIASON, LUIS

STREET ADDRESS

1111 N.E. 152 TERR.

CITY - ST - ZIP

N. MIAMI BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 it would 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 12a changed, or on an attachment with an address.

SIGNATURE:

Luis F. Biason
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jun 95
 DATE

573-8172
 TELEPHONE NUMBER