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FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # **S 90978**

1. Corporation Name

PRIMERA FARMACIA LATINA INC

768435

Principal Place of Business

Mailing Address

**300 SW 107 AVE
 MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0297277

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALATAYUD, ANTONIO
 300 SW 107 AVE
 MIAMI FL 33174**

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 607.0902 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

(Print or type full legal name of registered agent and file if applicable)

(Print Registered Agent's name if required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	NAME	11	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	STREET ADDRESS	12	NAME	
13	CITY, ST, ZIP	13	STREET ADDRESS	
14	OFFICE	14	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	15	OFFICE	
16	STREET ADDRESS	16	NAME	
17	CITY, ST, ZIP	17	STREET ADDRESS	
18	OFFICE	18	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	NAME	19	OFFICE	
20	STREET ADDRESS	20	NAME	
21	CITY, ST, ZIP	21	STREET ADDRESS	
22	OFFICE	22	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	NAME	23	OFFICE	
24	STREET ADDRESS	24	NAME	
25	CITY, ST, ZIP	25	STREET ADDRESS	
26	OFFICE	26	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	NAME	27	OFFICE	
28	STREET ADDRESS	28	NAME	
29	CITY, ST, ZIP	29	STREET ADDRESS	
30	OFFICE	30	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	NAME	31	OFFICE	
32	STREET ADDRESS	32	NAME	
33	CITY, ST, ZIP	33	STREET ADDRESS	
34	OFFICE	34	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35	NAME	35	OFFICE	
36	STREET ADDRESS	36	NAME	
37	CITY, ST, ZIP	37	STREET ADDRESS	
38	OFFICE	38	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39	NAME	39	OFFICE	
40	STREET ADDRESS	40	NAME	
41	CITY, ST, ZIP	41	STREET ADDRESS	
42	OFFICE	42	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43	NAME	43	OFFICE	
44	STREET ADDRESS	44	NAME	
45	CITY, ST, ZIP	45	STREET ADDRESS	
46	OFFICE	46	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
47	NAME	47	OFFICE	
48	STREET ADDRESS	48	NAME	
49	CITY, ST, ZIP	49	STREET ADDRESS	
50	OFFICE	50	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 officer 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 addition with an address.

SIGNATURE:

Antonio Calatayud
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO CALATAYUD

305-551-4177