FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V20235** **(0)**

1. Corporation Name

APOTHECARY SERVICES, INC.

Principal Place of Business	Mailing Address
1801 NW 64TH ST STE 311 FT LAUDERDALE FL 33309 US	% VALDES-FAULI, COBB, ET AL - CORP.RECORDS TWO S. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131-1897

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1992	3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0339040	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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1451 West Cypress Creek Rd.	26 1451 West Cypress Creek Rd.
Suite, Apt. #, etc. 22 Suite #211	Suite, Apt. #, etc. 27 Suite #211
City & State 23 Ft. Lauderdale , Florida	City & State 28 Ft. Lauderdale, Florida
Zip / Country 24 33309 / 25 U.S.A.	Zip / Country 29 33309 / 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERV. INC. TWO S. BISCAYNE BLVD. SUITE 3400 - ONE BISCAYNE TOWER MIAMI FL 33131-1897	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, WILLIAM FENTON	12 NAME	
STREET ADDRESS	% TORRE BANCO GERMANCICO	13 STREET ADDRESS	
CITY ST ZIP	PANAMA, PANAMA	14 CITY ST ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	LANCHO, AGUSTIN	22 NAME	Mata, Carlos
STREET ADDRESS	% TORRE BANCO GERMANCICO	23 STREET ADDRESS	% Torre Banco Germancico
CITY ST ZIP	PANAMA, PANAMA	24 CITY ST ZIP	Panama, Panama
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: William F. Graham III 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

PRESIDENT
Corporate Charter #

0120330 CP