

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K25781** (1)

1. Corporation Name

HYPERDRUGS ENTERPRISES, INC.



Principal Place of Business

**6410 NW 186 ST
MIAMI LAKES FL 33015**

Mailing Address

**6410 NW 186 ST
MIAMI LAKES FL 33015**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M. ESQ

~~700 NW LEJEUNE RD~~

~~SUITE 400~~

MIAMI FL 33126

81 Name

SAME

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

782 NW LeJeune Road

83

Suite 548

84 City

Miami

FL

85 Zip Code

33126

3. Date Incorporated or Qualified

06/09/1988

3a. Date of Last Report

02/08/1995

4. FEI Number

65-0054908

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

10. Name and Address of New Registered Agent

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

Jose Marquez

(NOTE: Registered Agent signature required when transferring)

3/25/96

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD GUERRA, ARMANDO J.**

STREET ADDRESS **8450 SW 48 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD DIAZ, JOSE F.**

STREET ADDRESS **9120 SW 101 AVE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD NAVARRO, GILBERTO**

STREET ADDRESS **9961 SW 22 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME ~~**TD ORTIZ, CARLOS E.**~~

STREET ADDRESS ~~**785 W 50 ST**~~

CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE ☐ DELETE

NAME **SD LOPEZ, EDDY**

STREET ADDRESS **922 NW 106 AVE CIR**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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, changed or on an attachment with an address.

SIGNATURE:

Gilbert Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert Navarro VP

1-18-96 (305) 625-3386

Date

Daytime Phone #

CR2E034 (12/95)