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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K25781

(1)

HYPERDRUGS ENTERPRISES, INC.

Principal Place 6410 NW 1883 MIAMI LAKES	\$T	6410 NW 186	Mailing Address 6410 NW 196 ST MIAMI LAKES FL 33015-6006				 					
								ate Incorporated or Qua \$/09/1988	alified	3a. Date of Last 04/02/1996	Report	
2. Principa: F	lace of Business	2a. Mailing A	ddress					l Number			Applied For	
21	III	26						55-0054908			Vot Applicable	
Suite, Apt. #, etc. 22		27					5. Ce	ertificate of Status Desi	red		Additional Required	
City & Stat	e	₁	City & State					6. Election Campaign Financing \$5.00 May Be				
Z ID	Country	28		Cour	atne			ust Fund Contribution			to Fees	
24	25	29	30				ſ	iis corporation has liabi orida Statutes	iability for intangible tax under s. 199.032, Yes No			
	9. Name and Address of Curre		nt	[30]				ame and Address of N				
MAF	RQUEZ, JOSE M. ESQ				81	Name						
	NW LEJEUNE ROAD			}	82	Street /	Address (P.O.	Box Number is Not Ac	ceptable	e)		
	TE 548											
MIA	MI FL 33126			į	83							
				ľ	84	City	· · · · · · · · · · · · · · · · · · ·			85 Zip	Code	
11. Pursuant	to the now-sions of Sections 607 050	02 and 607 1508 F	Jorida Statut	as the sh		-named	corporation e	ubmite this statement for	or the n	FL Changing	ite registered	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such of sations of Section 6	hange was	authorized	by	the corp	poration's boa	rd of directors. I hereb	y accept	the appointment a	s registered	
SIGNATURE.	on re-milar with, thos accept the cong	jations or, Section C	307.0303,11	onda ştatı	1163	•						
	Signature, typed or printed name of registered ag	jort and title it applicable	(NOI		Ager	nt signature	required when rein			DATE		
12.		ERS AND DIRECTORS		13.				DITIONS/CHANGES TO) OFFICE			
TITLE	PD GUERRA, ARMANDO J.] DELETE	1,1 1 1						Change	Addition	
NAME	-8450 SW-48-ST-			1.2 NA		_	01120		. ~			
STREET ADDRESS	MIAMIFE-			1		ADDRESS) 4477	non-ush.	SE	nd Koad		
CHY-ST-7/P TITLE	VO		DELETE	1.4 CIT 2.1 III		1-211	Coral	Journey Gables, F	1.3	3/5 Change	Addition	
NAME	DIAZ, JOSE F.	<u> </u>	J PECKIE	2.2 NA		ļ	ļ.				Addition	
STREET ADDRESS	-9120 SW-101 AVE-					ADDRESS	9201	541 103	3	<i>†•</i>		
0(1Y-\$1-2)P	MIAMI FL			2.40			17:31	mi EL	33,	176		
TITLE	VD		DELETE	3.1 TIT			1b.3.3da.E	11,		☐ Change	Addition	
NAME	NAVARRO, GILBERTO			3.2 NA	ME							
STREET ADORESS	9961 SW 22 ST			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			3.4. CI	TY-S	F-ZIP						
TITLE	\$0		DELETE	4.1 TIT	L E					☐ Change	Addition	
NAME	LOPEZ, EDDY			4. 2 NA	ME							
STREET ADDRESS	922 NW 106 AVE CIR			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		I Seren	4.4 CIT		r-ZIP				·····		
10,000		L] DELETE	5.1 TIT	LΕ	ŀ				Change	Addition	
NAME				5.2 NA								
STREET ADDRESS						ADDRESS						
CITY - ST - Z)P	CONTRACTOR OF THE PROPERTY OF		Lociere	5.4 CIT		r-ZIP						
THEF		Ļ] DELETE	6.1 TIT						L Change	Addition	
NAME				6.2 NA		l						
STREET ADDRESS				6.3 ST	REET	ADDRESS	i					

46.4 CITY-ST-ZIP
 14. I do 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 Block 12 or Block 18 if changed or on my attachment with an address.