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FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90063 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K25781**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1988

4. FEI Number
65-0054908

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARQUEZ, JOSE M. ESO~~
~~782 NW LEJEUNE ROAD~~
~~SUITE 548~~
~~MIAMI FL 33126~~

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **GUERRA, ARMANDO J.**
 STREET ADDRESS **9475 JOURNEY'S END RD**
 CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **D** Change Addition
 1.2 NAME **GUERRA, Alberto**
 1.3 STREET ADDRESS **241 Cape Florida Drive**
 1.4 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **VD** DELETE
 NAME **DIAZ, JOSE F.**
 STREET ADDRESS **9301 SW 103 ST**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **S** Change Addition
 2.2 NAME **LOPEZ, Eddy**
 2.3 STREET ADDRESS **922 NW 106 Avenue Circle**
 2.4 CITY-ST-ZIP **Miami, Florida,**

TITLE ~~**SD**~~ DELETE
 NAME ~~**LOPEZ, EDDY**~~
 STREET ADDRESS ~~**922 NW 106 AVE CIR**~~
 CITY-ST-ZIP ~~**MIAMI FL**~~

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO GUERRA
ARMANDO GUERRA

1/25/99
 Date

305-444-3223
 Daytime Phone #

CR2E034 (11/98)