

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000074040 (3)**

1. Corporation Name
RX>USA INC.



Foreign Place of Business
**38-38 13TH STREET
LONG ISLAND CITY NY 11101**

Main Address
**38-38 13TH STREET
LONG ISLAND CITY NY 11101**

2. Foreign Place of Business
21 **5 Knolls Drive**
22 **016 Westbury**
23 **NY**
24 **11568**

2a. Main Address
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3. Date Incorporated or Qualified **09/22/1995** 3a. Date of Last Report

4. FEI Number 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

9. Name and Address of Current Registered Agent

**DRUCKER, ROBERT C
343 NORMANDY H
KINGS POINT
DELRAY FL 33484**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.01 and 607.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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:

NAME	DATE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12 OFFICERS AND DIRECTORS		
1 NAME	<input type="checkbox"/> DELETED	
2 NAME	<input type="checkbox"/> DELETED	
3 NAME	<input type="checkbox"/> DELETED	
4 NAME	<input type="checkbox"/> DELETED	
5 NAME	<input type="checkbox"/> DELETED	
6 NAME	<input type="checkbox"/> DELETED	
7 NAME	<input type="checkbox"/> DELETED	
8 NAME	<input type="checkbox"/> DELETED	
9 NAME	<input type="checkbox"/> DELETED	
10 NAME	<input type="checkbox"/> DELETED	
11 NAME	<input type="checkbox"/> DELETED	
12 NAME	<input type="checkbox"/> DELETED	
13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 NAME		
2 NAME		
3 STREET ADDRESS		
4 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME		
6 STREET ADDRESS		
7 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8 NAME		
9 STREET ADDRESS		
10 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME		
12 STREET ADDRESS		
13 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied herein is true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information published on this form is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *Robert C Drucker*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96 7184721835
DATE AND PHONE NUMBER

CR2E034 (12/95)