

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 254736

(2)

1. Corporation Name:

PAN AMERICAN DRUGS INC

Principal Place of Business

**434 SW 12 AVE.
MIAMI FL 33130**

Mailing Address

**434 SW 12 AVE.
MIAMI FL 33130**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ZALDIVAR, RAUL
434 S W 12TH AVENUE
MIAMI FL 33130**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 177.05(2) and 607.15(6), 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. Thereby, except the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.05(6), Florida Statutes.

SIGNATURE

Signature of President or Officer of Corporation

Signature of Secretary or Director of Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PSD
ZALDIVAR, RAUL
429 SW 19TH ROAD
MIAMI FL**

[] DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY, ST, ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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 in Section 177.07(2)(a), Florida Statutes. I further certify that the information reported on this statement and 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, and that the person designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes of corporation and new office addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 18 1996 8:00 am
Secretary of State



3. Date Incorporated or Qualified 01/08/1962	3a. Date of Last Report 04/27/1995
4. EIN Number 59-0942630	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	

CR2E034 (12/95)

3/17/96 305-643-5980