

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **359702** (8)
1. Corporation Name
JAY'S PHARMACY, INC.



Principal Place of Business 444 BRICKELL AVENUE 1200 BRICKELL AVE. P28 MIAMI FL 33131 US	Mailing Address 444 BRICKELL AVENUE 1200 BRICKELL AVE. P28 MIAMI FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 BRICKELL AVE. Suite, Apt. #, etc. 22 130 City & State 23 MIAMI, FL. Zip 24 33131 Country 25 USA	2a. Mailing Address 26 1200 BRICKELL AVE. Suite, Apt. #, etc. 27 130 City & State 28 MIAMI, FL Zip 29 33131 Country 30 USA
---	---

3. Date Incorporated or Qualified 02/16/1970	4. FEI Number 59-1285021	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ELIAS, GEORGE
777 BRICKELL AVE., SUITE 1111
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **MARYLIN HEVIA**
82 Street Address (P.O. Box Number is Not Acceptable)
8021 NW 174TH. TERR.
83
84 City **MIAMI** FL 85 Zip Code **3305**

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: *Marylin Hevia* **MARYLIN HEVIA** **4-29-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, GANIM E	
STREET ADDRESS	444 BRICKELL AVE., P28	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELIAS, GWYNN	
STREET ADDRESS	128 ORQUEDA	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELIAS, GEORGE	
STREET ADDRESS	777 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE L. FERNANDEZ	
1.3 STREET ADDRESS	11 ISLAND AVE. PH10	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ADOLFINA C. SUIRKO-FERNANDEZ	
2.3 STREET ADDRESS	11 ISLAND AVE. PH10	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information provided 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.

SIGNATURE: *George L. Fernandez* **GEORGE L. FERNANDEZ** **4/29/98 (305) 577-0577**

CR2E034 (10/97)