

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

FILED  
Aug 09, 1999 8:00 am  
Secretary of State

08-09-1999 90002 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 540264

1. Corporation Name  
MIDA PHARMACY INC

Principal Place of Business

2820 N.W. 7 AVE.  
MIAMI, FLORIDA 33127

Mailing Address

2820 N.W. 7 AVE.  
MIAMI, FLORIDA 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-3-77

4. FEI Number  
59-1744201

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALCALDE, JORGE L.  
2820 N.W. 7 AVE.  
MIAMI, FLORIDA 33127

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 PS ☐ DELETE  
NAME BEIS, GERARDO  
STREET ADDRESS 5055 N.W. 7 ST. No- 308  
CITY-ST-ZIP MIAMI, FLORIDA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME ALCALDE, JORGE L.  
STREET ADDRESS 415 N.W. 85 PL. # 2  
CITY-ST-ZIP MIAMI, FLORIDA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
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

8-3-99

(305) 633-0606

Date

Daytime Phone #

CR2E034 (11/98)

*Victoria Pharmacy*

2820 N.W. 7th Avenue  
Miami, Florida 33127

540264  
602619-90002-42

Telephone:  
(305) 633-0606

MIAMI, FLORIDA  
AUGUST 3, 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314  
ATT: STACY PRATHER, DOCUMENT SPECIALIST

DEAR MS. PRATHER:

THANK YOU FOR YOUR LETTER DATED JULY 28, 1999  
IN REFERENCE TO THE FILING OF OUR ANNUAL CORPORATION  
REPORT; WE ARE PLEASED WITH THE DEPARTMENT'S DECISION  
TO WAIVE THE LATE FEES IN QUESTION.

PLEASE ACCEPT OUR APOLOGIES FOR WRITING ALL OVER  
THE ORIGINAL FORM WE FILED, BUT WE WERE EXTREMELY  
UPSET WITH HAVING TO PAY SUCH A LARGE SUM AS PENALTY  
FOR THE LATE FILING, ESPECIALLY SINCE WE NEVER RECEIVED  
THE ORIGINAL FILING FORM. IN THE FUTURE WE WILL BE KEEPING  
AN EYE ON THE CALENDAR, AS THE MAY 1ST. DEADLINE APPROACHES.

ATTACHED YOU WILL FIND THE CORRECTED FORM, WITH A  
REPLACEMENT CHECK FOR THE CORRECTED AMOUNT. THANK YOU  
ONCE AGAIN FOR YOUR UNDERSTANDING.

SINCERELY:



G. BEIS JR., PRESIDENT  
MIDA PHARMACY INC.  
DBA- VICTORIA PHARMACY  
2820 N.W. 7 AVE.  
MIAMI, FLORIDA 33127  
305-633-0606  
305-633-4791 FAX