

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **563934** (9)

1. Corporation Name
ASIS PHARMACY INC

Principal Place of Business

**5151 SW 8TH ST
MIAMI FL 33134
US**

Mailing Address

**1426 CECILIA AVE.
CORAL GABLES FL 33146-1623**



3. Date Incorporated or Qualified **04/17/1978** 3a. Date of Last Report **04/03/1996**

2. Principal Place of Business 21 5151 SW 8TH STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33134 Country 25	2a. Mailing Address 26 5151 SW 8TH STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33134 Country 30	4. FEI Number 59-1849472 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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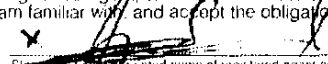
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**XXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX**

81 Name **Loredo, Jorge E.**
82 Street Address (P.O. Box Number is Not Acceptable)
236 S.W. 30th Avenue
83
84 City **Miami** FL 85 Zip Code **33135**

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  DATE **1/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAS, RICARDO	1.2 NAME	Loredo, Jorge E.
STREET ADDRESS	1426 CECILIA AVENUE	1.3 STREET ADDRESS	236 S.W. 30th Avenue
CITY-ST-ZIP	CORAL GABLES, FL 33146	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAS, CLARA	2.2 NAME	Gomez, Renato
STREET ADDRESS	1426 CECILIA AVENUE	2.3 STREET ADDRESS	7950 S.W. 18th Terrace
CITY-ST-ZIP	CORAL GABLES, FL 33146	2.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  DATE **01/21/97** (305) 868-5365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR