

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 592171 (3)

1. Corporation Name

RAMS PHARMACY, INC.



Principal Place of Business

6502 W. 4TH AVE.  
HIALEAH FL 33012-6670

Mailing Address

~~6502 W. 4TH AVE.~~  
~~HIALEAH FL 33012-6670~~

2. Principal Place of Business

2a. Mailing Address

21

26

3400 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

600

City & State

City & State

23

28

MIAMI, FLORIDA

Zip

Country

Zip

Country

24

25

29

33145-3053

30

U.S.A

3. Date Incorporated or Qualified

11/03/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1869127

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

10. Name and Address of New Registered Agent

MORENO, ALFREDO  
6502 W. 4TH AVE.  
HIALEAH FL 33012-6670

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, or both, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD  
NAME MORENO, ALFREDO  
STREET ADDRESS ~~18750 NW 57 PL~~  
CITY - ST - ZIP ~~MIAMI FL~~

☐ DELETE

TITLE TD  
NAME MORENO, MIGUEL A.  
STREET ADDRESS ~~3109 W 72 STREET~~  
CITY - ST - ZIP ~~HIALEAH FL~~

☐ DELETE

TITLE VD  
NAME MORENO, RAMON S.  
STREET ADDRESS ~~826 W 34 STREET~~  
CITY - ST - ZIP ~~HIALEAH FL~~

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

8732 N.W. 189 TERR.  
MIAMI, FL. 33015

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

8802 N.W. 189 TERR.  
MIAMI, FL. 33015

☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

PD  
MORENO, MARIA D.  
8873 NW 189 TERR  
MIAMI, FL. 33015

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

700001810127  
-05/07/96--01001--025

\*\*\*200.00

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

22 5.1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon Moreno

3-12-96 (305) 446-2055

Date

Daytime Phone #

CR2E034 (12/95)