

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90164 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 592171

1. Corporation Name
RAMS PHARMACY, INC.

Principal Place of Business 6502 W. 4TH AVE. HIALEAH FL 33012-6670	Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1978

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

MAXIMINO S. MORENO

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

8873 NW 189 Terr

83

84 City

Miami

FL

85 Zip Code

33018

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

Maximino S. Moreno

MAXIMINO S. MORENO

4-24-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, ALFREDO	
STREET ADDRESS	8865 N.W. 189 TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, MIGUEL A.	
STREET ADDRESS	8732 NW 1889 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, RAMON S.	
STREET ADDRESS	8802 NW 189 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MORENO, MAXIMINO S	
STREET ADDRESS	8873 N.W. 189 TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, TERESA A	
STREET ADDRESS	6502 W 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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	PRESIDENT	<input checked="" 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	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MORENO, MARIA D.	
6.3 STREET ADDRESS	8873 NW 189 Terr	
6.4 CITY-ST-ZIP	Miami, Fla.	

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:

Alfredo Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO MORENO

4/24/99

Date

(305) 446-2055

Daytime Phone #

CR2E034 (11/98)