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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 745622 (1)
1. Corporation Name
INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
9525 S.W. 130TH AVE. 3525 S.W. 130TH AVE.
MIAMI FL 33175 MIAMI FL 33175-2819

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 01/17/1979 3a. Date of Last Report 05/01/1996
4. FEI Number 65-0127292 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

GALLO, RAUL
12830 S.W. 116TH ST.
MIAMI FL 33186

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE RAUL GALLO

3/18/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME GALLO, RAUL
STREET ADDRESS 12830 S.W. 116TH ST.
CITY-ST-ZIP MIAMI FL
TITLE MD DELETE
NAME VALIENTE, JOSE
STREET ADDRESS 2000 S.W. 139TH CT.
CITY-ST-ZIP MIAMI FL
TITLE TD DELETE
NAME SERNA, SYLVIA
STREET ADDRESS 13160 S.W. 20TH ST.
CITY-ST-ZIP MIAMI FL
TITLE SD DELETE
NAME DE LA HUERTA, ANA
STREET ADDRESS 1330 S.W. 84TH AVE.
CITY-ST-ZIP MIAMI FL
TITLE VD DELETE
NAME MARTINEZ, HUMBERTO
STREET ADDRESS 14217 S.W. 45TH ST.
CITY-ST-ZIP MIAMI FL
TITLE PD DELETE
NAME DIAZ, ARTURO
STREET ADDRESS 7822 S.W. 128TH PL.
CITY-ST-ZIP MIAMI FL

1.1 TITLE SD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE CD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VD Change Addition
3.2 NAME MAYRA GONZALEZ-ABREU
3.3 STREET ADDRESS 13340-G S.W. 88 Ter.
3.4 CITY-ST-ZIP Miami, FL 33186
4.1 TITLE TD Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE PD Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE MD Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)