

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745622** (1)
1. Corporation Name
INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.



Principal Place of Business
**3525 S.W. 130TH AVE.
MIAMI FL 33175**

Mailing Address
**3525 S.W. 130TH AVE.
MIAMI FL 33175**

3. Date Incorporated or Qualified
01/17/1979

4. FEI Number
65-0127292

Applied For
☐ Not Applicable

2. Principal Place of Business
21 14217 S.W. 45 St.

2a. Mailing Address
26 14217 S.W. 45 St.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Miami, FL.

City & State
28 Miami, FL.

Zip
29 33175

Country
30 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
- Personal Property Tax due June 30. ☐ 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**

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

(NOTE: Registered Agent signature required when reinstating)

1/14/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GALLO, RAUL	
STREET ADDRESS	12830 S.W. 116TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VALIENTE, JOSE	
STREET ADDRESS	2000 S.W. 139TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONZALEZ-ABREU, MAYRA	
STREET ADDRESS	13340 G SW 88 TERRANCE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE LA HUERTA, ANA	
STREET ADDRESS	1338 S.W. 84TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	14217 S.W. 45TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DIAZ, ARTURO	
STREET ADDRESS	7822 S.W. 128TH PL.	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13921 S.W. 30 St. Miami, FL 33175
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5935 S.W. 108th Pl. Miami, FL 33173
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5501 S.W. 89 Ave. Miami, FL 33165
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RAUL GALLO, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98 (305) 887-6187

CR2E037 (10/97)