# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2004**
**Secretary of State**

DOCUMENT# 745622

**Entity Name:** INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

**Current Principal Place of Business:**

14217 SW 45TH ST
MIAMI, FL 33175 US

**New Principal Place of Business:**

**Current Mailing Address:**

14217 SW 45TH ST
MIAMI, FL 33175 US

**New Mailing Address:**

**FEI Number: 65-0127292** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | GALLO, RAUL I | |
| Address: | 12830 S.W. 80 AVE. | |
| City-St-Zip: | MIAMI, FL 33186 | |
| Title: | SD | ( ) Delete |
| Name: | BIASON, EVA R | |
| Address: | 1111 N.E. 152 TER. | |
| City-St-Zip: | NORTH MIAMI BEACH, FL 33162 | |
| Title: | CD | ( ) Delete |
| Name: | HAYES, CARL R | |
| Address: | 16630 SW 80TH AVE | |
| City-St-Zip: | MIAMI, FL 33157 | |
| Title: | TD | ( ) Delete |
| Name: | DE LA HUERTA, ANA | |
| Address: | 10900 S.W. 106 AVE. | |
| City-St-Zip: | MIAMI, FL 33156 | |
| Title: | VD | ( ) Delete |
| Name: | MARTINEZ, HUMBERTO S | |
| Address: | 14217 S.W. 45TH ST. | |
| City-St-Zip: | MIAMI, FL 33175 | |
| Title: | MD | ( ) Delete |
| Name: | DIAZ, ARTURO | |
| Address: | 5501 SW 89TH AVE | |
| City-St-Zip: | MIAMI, FL 33165 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO S. MARTINEZ VD 04/02/2004

Electronic Signature of Signing Officer or Director — Date