


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005905 (1)

1. Corporation Name

PHARMED GROUP HOLDINGS, INC.

Principal Place of Business

3075 NW 107 AVE.  
MIAMI FL 33172

Mailing Address

3075 NW 107 AVE.  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0717189

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3075 NW 107 Avenue

26 3075 NW 107 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33172

25 Dade

29 33172

30 Dade

9. Name and Address of Current Registered Agent

SANCHEZ, C.J.  
3075 NW 107 AVE.  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

Bertin J. Perez

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

3075 NW 107 Avenue

83

84 City

Miami

FL

85 Zip Code

33172

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

Bertin J. Perez

1-21-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CESPEDES, CARLOS M	1.2 NAME	DE CESPEDES, CARLOS M
STREET ADDRESS	3075 NW 107 AVE.	1.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, Florida
TITLE	CV <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CESPEDES, JORGE L	2.2 NAME	DE CESPEDES, JORGE L
STREET ADDRESS	3075 NW 107 AVE.	2.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer, Secretary, CFO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, WILLIAM	3.2 NAME	Bertin J. Perez
STREET ADDRESS	3075 NW 107 AVE.	3.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, CHARLES J	4.2 NAME	Baldwin, William
STREET ADDRESS	3075 NW 107 AVE.	4.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Garcia, Leo
STREET ADDRESS		5.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bertin J. Perez

1-21-98

CR2E034 (10/97)