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

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G29864**

1. Corporation Name

SILVESTRE DRUGS & OPTICAL INC.

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Principal Place of Business Mailing Address								•	
PALM AVENUE SHOPPING CENTER PALM AVENUE SHOPPING C			3 CENTER						
1268 PALM AVE		1268 PALM AVE HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE			
HIALEAH FL 33010		HIALEAN PL 33010				3. Date Incorporate		THIS SPACE	
						03/14/1983	o or Qualifed		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	·	. A	pplied For
21 26					59-2318732		l N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>						Additional	
27		27				5. Certificate of Stat	us Desired	•	equired
City & State City & State						6. Election Campaig	n Financing	\$5.00	May Be
28						Trust Fund Contr		•	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation			
24	25 29		30			Personal Propert		Yes	□No
	9. Name and Address of Current		1001	Τ		10. Name and Addr	<u> </u>		
				81	Name				
SIL'	vestre, humberto						·		
1268 PALM AVENUE			82 Street Addr		Street Addres	ss (P.O. Box Number i	s Not Acceptable)	•	
	LEAH FL 33010			83		197.5	The first first first first first	Carrier Carrier	1.5 747.55
,		A Company of the Comp		63			92、野福龍	都對自由的	
				84 (City		96 1 414 1	85 Zip	Code
A 200 200	e geginne fra en et eus		74.						
11 Pursuan	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statu of Florida, Such change was:	tes, the a	bove-n	named corpor	ration submits this state i's board of directors. I	ement for the purpor hereby accept the s	se of changing its	registered
agent: I	am familiar with, and accept the obligati	ions of, Section 607.0505, Fl	orida Stat	utes.	e corporation	is board or directors, i	nereby accept the c	appointment as re	gistered
SIGNATURE	, :						•		
OIOITATOILE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent si	ignature required v	when reinstating):	. DA¹	re .	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHAN	IGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	PD		1.1 TI	TLE		- 7:56°		☐ Change	Addition
NAME	SILVESTRE, HUMBERTO		1.2 N	WE					
STREET ADDRESS	s 1268 PALM AVE		1.3 \$1	REET AD	ODRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CI	TY-ST-ZI	IP I				
TITLE	V	☐ DELETE	2.1 TI					☐ Change	Addition
NAME	ANDRES, ORQUIDEA	•	2.2 N			•		_ ,	_
STREET ADDRESS	000F 0W 4771 07	F		REET AD	DDDEEC -	Marie			
	MIAMI FL		٠,			•			
CITY-ST-ZIP		□ DELETE		TY-ST-Z	ΔP	• • • • • • • • • • • • • • • • • • • •		☐ Change	☐ Addition
TITLE	Aller Elizabeth and the Property of the Control of	L: Vetele	3.1 TI				•	Change	Addition
NAME	PALLARES, DALIA	•	3.2 N/			•			
STREET ADORESS		ř.	3.3 \$1	REET AD	DORESS			10, 150, 2, 2,	11
CITY-ST-ZIP	MIAMI FL	<u> </u>	_	TY-ST-Z	ζĮP˙				<u> </u>
TITLE		☐ DELETE	4,1 TJ	TLE	. '		. * * * * * * * * * * * * * * * * * * *	Change	Addition
NAME .	1000	•	4. 2 N	AME			•		
STREET ADDRESS			4.3 \$7	REETAD	DORESS	-			:
CITY-ST-ZIP '									
TITLE			4.4 CI	TY-ST-ZI	IP	7	•		
		☐ DELETE	4.4 CF 5.1 TT		IP	:	•	☐ Change	☐ Addition
NAME		DELETE	_	TLE .	IP .		•	☐ Change	Addition
NAMESTREET ADDRESS		DELETE	5.1 TT 5.2 N/	TLE .		1	en e	☐ Change	Addition
STREET ADDRESS		DELETE	5.1 TT 5.2 N/ 5.3 ST	ILE ME REET AD	DRESS		ng attacests	Change	Addition
STREET ADDRESS CITY-ST-ZIP			5.1 TT 5.2 NA 5.3 ST 5.4 CF	TLE ME REET AD TY-ST-ZI	DRESS		१८५५ - क्षाह्येत्रक्राक्षेत्र		ماست الماست
STREET ADDRESS		☐ DELETE	5.1 TT 5.2 N/ 5.3 ST	ILE ME REET AD IY-ST-ZI LE	DRESS		148 - Estadonido	☐ Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90018 027 ***150.00