

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G71306 (6)
 1. Corporation Name
KASALTA PHARMACY, INC.



Principal Place of Business 1550 W. 84TH ST. HIALEAH FL 33014	Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/22/1983	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2348441	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MORENO, RAMON S.
1550 W. 84TH ST.
HIALEAH FL 33014

81 Name MORENO, MAXIMINO	82 Street Address (P.O. Box Number is Not Acceptable) 1550 W. 84th STREET
83	
84 City HIALEAH	85 Zip Code FL 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Maximino Moreno* **Maximino Moreno, shareholder. 3-10-97**

12. OFFICERS AND DIRECTORS		
TITLE	FD	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, RAMON S.	
STREET ADDRESS	6002 NW 189 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	FD	<input type="checkbox"/> DELETE
NAME	MORENO, MIGUEL A.	
STREET ADDRESS	8732 NW 189 TERR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	FD	<input type="checkbox"/> DELETE
NAME	MORENO, MARIA D	
STREET ADDRESS	8873 NW 189 TERR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	P	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORENO, NORMA	
4.3 STREET ADDRESS	8732 N.W. 189 TERRACE	
4.4 CITY-ST-ZIP	MIAMI, FL. 33015	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MORENO, SIEGFRED	
5.3 STREET ADDRESS	8873 N.W. 189 TERRACE	
5.4 CITY-ST-ZIP	MIAMI, FL. 33015	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maximino Moreno* **Maximino Moreno 3-10-97 (203) 446-2055**

CR2E034 (9/96)