

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # K25781**

**(1)**

1. Corporation Name

**HYPERDRUGS ENTERPRISES, INC.**

Principal Place of Business

**6410 NW 186 ST  
MIAMI LAKES FL 33015**

Mailing Address

**6410 NW 186 ST  
MIAMI LAKES FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/09/1988**

4. FEI Number

**65-0054908**

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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M. ESO  
782 NW LEJEUNE ROAD  
SUITE 548  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☐ DELETE

NAME

**GUERRA, ARMANDO J.**

STREET ADDRESS

**9475 JOURNEY'S END RD**

CITY-ST-ZIP

**CORAL GABLES FL**

TITLE

**VD**

☐ DELETE

NAME

**DIAZ, JOSE F.**

STREET ADDRESS

**9301 SW 103 ST**

CITY-ST-ZIP

**MIAMI FL**

TITLE

**VD**

☒ DELETE

NAME

**NAVARRO, GILBERTO**

STREET ADDRESS

**9961 SW 22 ST**

CITY-ST-ZIP

**MIAMI FL**

TITLE

**SD**

☐ DELETE

NAME

**LOPEZ, EDDY**

STREET ADDRESS

**922 NW 106 AVE CIR**

CITY-ST-ZIP

**MIAMI FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

5/26/98 (305) 556-3112

CR2E034 (10/97)