COF ANNU	PROFIT RPORATION JAL REPORT <b>1998</b>		Sandra Secre	ARTMENT OF STATE <b>B. Mortham</b> itary of State = CORPORATIONS		FILE 2 199 pretary	8 8:0	
1. Corporation	MENT # <sup>n Name</sup> R PHARMACY, I	<b>(26259</b> NC.	(7)			_		
Principal Plac	e of Business		Mailing Address					
6963 West 4 Hialeah Fl :	ITH AVENUE		C/O IVAN A. GOMEZ. 601 BRICKELL KEY DR MIAMI FL 33131 US		DC 3. Date Incorporated 06/13/1988	O NOT WRITE IN TH or Qualified	HIS SPACE	
	lace of Business		2a. Mailing Address		4. FEI Number			pplied For
Suite, Apt	#, etc	26	5 Suite, Apt. #, etc.		65-0055390			ot Applicable Additional
2		27	7		5. Certificate of Status		Fee R	equired
City & State	8	28	City & State		<ol> <li>Election Campaigh Trust Fund Contribution</li> </ol>			May Be to Fees_
Zip	Cour		Zip	Country	8. This corporation of		current year In	tangible
1	25 O Name and Add	ress of Current Reg		<u>30</u> `	Personal Property 1 10. Name and Addres			X No
GO	MEZ, IVAN A.	leas of ourient neg	gistered Agent	81 Name	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,			
	1 BRICKELL KEY D	3		82 Street Add	ress (P.O. Box Number is I	Not Acceptable)		
S5(	07							
				89				
	AMI FL 33131			83				
MIA	AMI FL 33131	ctions 607.0502 and	1 607.1508, Florida Stat	84 City	poration submits this state	ment for the nuroos	E	Code ts registered
1. Pursuant : office or r agent. I a SIGNATURE	AMI FL 33131	th, in the State of Flo ccept the obligations me of registered agent and t	orida. Such change wa of, Section 607.0505, i ulle if applicable. (N	84 City utes, the above-named corp s authorized by the corpora Florida Statutes.	tion's board of directors.	ment for the purpos hereby accept the	L     e of changing i appointment as	ts registered registered
MIA 1. Pursuant : office or r agent. I a SIGNATURE	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and a	oth, in the State of Flo scept the obligations	orida. Such change wa of, Section 607.0505, i ulle if applicable. (N	84 City utes, the above-named corr s authorized by the corpora Florida Statutes.	tion's board of directors.	ment for the purpos hereby accept the	L     e of changing i appointment as	ts registered registered
MIA office or r agent. I a SIGNATURE 2.	AMI FL 33131 to the provisions of Se egistered agent, or bo im familiar with, and ar Signature, typed or printed ne DP CACERES, VELL	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida, Such change was of, Section 607,0505, i uile if applicable. (N RECTORS	84 City utes, the above-named corr sauthorized by the corpora Florida Statutes. OTE Registered Agent signature requi 13.	tion's board of directors.	ment for the purpos hereby accept the	E	ts registered registered
MIA 1. Pursuant : office or r agent. I a SIGNATURE 2. ITLE AME TREET ADDRESS	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida, Such change was of, Section 607,0505, i uile if applicable. (N RECTORS	84         City           utes, the above-named corporal sauthorized by the corporal Florida Statutes.         OTE Registered Agent signature required as a statute of the corporal statutes.           0TE Registered Agent signature required as a statute of the corporal statutes.         13.           1.1 ITILE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	tion's board of directors.	ment for the purpos hereby accept the	E	ts registered registered
MIA 1. Pursuant : office or r agent. I a iIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP	AMI FL 33131 to the provisions of Se egistered agent, or bo im familiar with, and ar Signature, typed or printed ne DP CACERES, VELL	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida, Such change was of, Section 607,0505, i uile if applicable. (N RECTORS	84         City           utes, the above-named corporal sathorized by the corporal Florida Statutes.         City           OTE: Registered Agent signature required         1.1           1.1         1.1           1.2         NAME	tion's board of directors.	ment for the purpos hereby accept the	E	ts registered registered
MIA 1. Pursuant : office or r agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i ulle if applicable. (N ECTORS DELETE	84         City           utes, the above-named corporal sathorized by the corporal Florida Statutes.         City           OTE: Registered Agent signature required         13.           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.4 City-ST-ZIP	tion's board of directors.	ment for the purpos hereby accept the	C      Changing i appointment as     AND DIRECTOR     Change	ts registered s registered RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a iIGNATURE 2. TLE TLE TREET ADDRESS ITY-ST-ZIP TLE AME	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i ulle if applicable. (N ECTORS DELETE	84         City           utes, the above-named corporal sauthorized by the corporal Florida Statutes.           OTE Registered Agent signature requinance 13.           1.1 ITILE           1.2 NAME           1.3 STREET ADDRESS           1.4 City-ST-ZIP           2.1 ITILE           2.2 NAME           2.3 STREET ADDRESS	tion's board of directors.	ment for the purpos hereby accept the	C      Changing i appointment as     AND DIRECTOR     Change	ts registered s registered RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a ilGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i Itile if applicable. (N IECTORS DELETE	B4     City       utes, the above-named corrist authorized by the corporal Florida Statutes.       OTE: Registered Agent signature required       13.       1.1 ITILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	tion's board of directors.	ment for the purpos hereby accept the	C      Changing i appointment as     AND DIRECTOR     Change	ts registered s registered RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a IGNATURE 2. TLE TLE TREET ADDRESS TY-ST-ZIP TLE MRE IREET ADDRESS TY-ST-ZIP TLE	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i ulle if applicable. (N ECTORS DELETE	84         City           utes, the above-named corporal sauthorized by the corporal Florida Statutes.           OTE Registered Agent signature requinance 13.           1.1 ITILE           1.2 NAME           1.3 STREET ADDRESS           1.4 City-ST-ZIP           2.1 ITILE           2.2 NAME           2.3 STREET ADDRESS	tion's board of directors.	ment for the purpos hereby accept the	Change	RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a iIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i Itile if applicable. (N IECTORS DELETE	B4         City           utes, the above-named corrist authorized by the corporal statutes.         Second Statutes.           OTE: Registered Agent signature required at a statute sta	tion's board of directors.	ment for the purpos hereby accept the	Change	RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a ilGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, 1 NECTORS	84     City       utes, the above-named corrist authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 STREET ADDRESS       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA 1. Pursuant : office or r agent. I a ilGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i Itile if applicable. (N IECTORS DELETE	84         City           Utes, the above-named corporal sauthorized by the corporal Florida Statutes.         Corporal Statutes.           OTE: Registered Agent signature required in the corporal statutes.         13.           1.1         TILE           1.2         NAME           1.3         STREET ADDRESS           1.4         City-ST-ZIP           2.1         TILE           2.2         NAME           2.3         STREET ADDRESS           2.4         City-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS	tion's board of directors.	ment for the purpos hereby accept the	Change	RS IN 12 Addition
MIA 1. Pursuant : office or r agent. I a IGNATURE 2. TLE ME FREET ADDRESS TY-ST-ZIP TLE ME IREET ADDRESS TY-ST-ZIP TLE ME IREET ADDRESS TY-ST-ZIP TLE ME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME INFORMATION	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, 1 NECTORS	84         City           utes, the above-named corrist authorized by the corporal solution of the corporal solution of the corporation of the co	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i VIII of applicable. (N ECTORS DELETE	84     City       utes, the above-named corris authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, 1 NECTORS	84     City       utes, the above-named corris authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i VIII of applicable. (N ECTORS DELETE	84     City       utes, the above-named corris authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA 1. Pursuant : office or r agent. I a IGNATURE 2. TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	vida. Such change was s of, Section 607.0505, 1 VIII of applicable. (N VECTORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	84     City       utes, the above-named corris authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4. CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.2 NAME	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA 1. Pursuant : office or r agent. I a iGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	orida. Such change wa of, Section 607.0505, i VIII of applicable. (N ECTORS DELETE	84         City           utes, the above-named correst authorized by the corporal Florida Statutes.         Statutes.           OTE: Registered Agent signature required         13.           1.1         ITTLE           1.2         NAME           1.3         STREET ADDRESS           1.4         City-ST-ZIP           2.1         TITLE           2.2         NAME           2.3         STREET ADDRESS           2.4         CITy-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITy-ST-ZIP           4.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITy-ST-ZIP           5.1         TITLE           5.2         NAME           4.3         STREET ADDRESS           4.4         CITy-ST-ZIP           5.1         STREET ADDRESS           5.4         CITy-ST-ZIP           5.1         STREET ADDRESS           5.4         CITy-ST-ZIP           6.1         STITLE	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA 1. Pursuant : office or r agent. I a iGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and ar Stonature, typed or printed ne DP CACERES, VELL 3424 W 14TH A	th, in the State of Flo coept the obligations me of registered agent and to OFFICERS AND DIR	vida. Such change was s of, Section 607.0505, 1 VIII of applicable. (N VECTORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	84     City       utes, the above-named corris authorized by the corporal Florida Statutes.       OTE: Registered Agent signature requined       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       6.1 TITLE       6.2 NAME	tion's board of directors.	ment for the purpos hereby accept the	Change	Addition
MIA 1. Pursuant : office or r agent. I a SIGNATURE 2. TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP	AMI FL 33131 to the provisions of Se egistered agent, or bo m familiar with, and a Stonature, typed or protect the DP CACERES, VELI 3424 W 14TH A HIALEAH FL	th, in the State of Fic coept the obligations me of registered agent and OFFICERS AND DIR VE	orida. Such change wa o of, Section 607.0505, 1 VILLE of applicable. (N XECTORS DELETE DELETE DELETE DELETE DELETE DELETE	84         City           utes, the above-named correst authorized by the corporal Florida Statutes.         Statutes.           OTE: Registered Agent signature required         13.           1.1         ITTLE           1.2         NAME           1.3         STREET ADDRESS           1.4         City-ST-ZIP           2.1         TITLE           2.2         NAME           2.3         STREET ADDRESS           2.4         CITy-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITy-ST-ZIP           4.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITy-ST-ZIP           5.1         TITLE           5.2         NAME           4.3         STREET ADDRESS           4.4         CITy-ST-ZIP           5.1         STREET ADDRESS           5.4         CITy-ST-ZIP           5.1         STREET ADDRESS           5.4         CITy-ST-ZIP           6.1         STITLE	tion's board of directors.	ment for the purpos hereby accept the ES TO OFFICERS		Addition

: