

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # L13231 (0)
1. Corporation Name
ESTRADA PHARMACY, INC.

Principal Place of Business Mailing Address
1206 WEST 68TH STREET 1206 WEST 68TH STREET
HIALEAH FL 33012 HIALEAH FL 33012

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
08/31/1989 10/27/1995
4. FEI Number Applied For
65-0155020 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ALSINA-VALDES, OSCAR 81 Name
19582 N.W. 60TH CT. OSVALDO JIMENEZ
MIAMI FL 33015-4834 82 Street Address (P.O. Box Number is Not Acceptable)
4634 SW 127 PLACE
83
84 City MIAMI FL 85 Zip Code 33175

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 07-23-96
Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD 11 TITLE
NAME JIMENEZ, OSVALDO 12 NAME
STREET ADDRESS 4634 S.W. 127TH PLACE 13 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33175 14 CITY-ST-ZIP
TITLE VTSD 21 TITLE
NAME ALSINA, OSCAR 22 NAME
STREET ADDRESS 19582 N.W. 60TH CT. 23 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33015 24 CITY-ST-ZIP
TITLE 31 TITLE
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP
TITLE 41 TITLE
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE 51 TITLE
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE 61 TITLE
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 07-23-96 (305) 557-2211
Signature typed or printed name of signing officer or director Date Displayed Phone #
OSVALDO JIMENEZ PRESIDENT

CR2E034 (3/96)