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Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L13231 (0)

1. Corporation Name

ESTRADA PHARMACY, INC.

Principal Place of Business

1206 WEST 68TH STREET  
HIALEAH FL 33012

Mailing Address

1206 WEST 68TH STREET  
HIALEAH FL 33012

SEE BELOW

2. Principal Place of Business

21 1206 West 68th St.

Suite, Apt. #, etc.

22 City & State  
23 Hialeah Florida

Zip

24 33014

Country

25 U.S.A

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JIMENEZ, OSVALDO  
4634 SW 127 PLACE  
MIAMI FL 33175

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  
NAME JIMENEZ, OSVALDO  
STREET ADDRESS 4634 S.W. 127TH PLACE  
CITY-ST-ZIP MIAMI FL 33175

TITLE VICE PRESIDENT  
NAME Daniel V. Jimenez  
STREET ADDRESS 11825 S.W. 51th  
CITY-ST-ZIP Miami, FL. 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VICE PRESIDENT  
12 NAME DANIEL V. JIMENEZ  
13 STREET ADDRESS 11825 SW 51 STREET  
14 CITY-ST-ZIP MIAMI, FL 33175

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 in an attachment with an address.

SIGNATURE:

Osvaldo Jimenez 2-02-98 (305) 677-2211

CR2E034 (10/97)