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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Jan 22 1997 8:00am
Secretary of State

DOCUMENT # **L79100**   **(8)**

1. Corporation Name

PANAM PHARMACY, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL J. MORA 701 NW 57 AVE. S200 MIAMI FL 33126 US	701 NW 57TH AVE 200 MIAMI FL 33126-2072 US

3. Date Incorporated or Qualified **06/05/1990**	**3a.** Date of Last Report **02/21/1996**
4. FEI Number **65-0202275**	Applied For ☐ Not Applicable ☐

2. Principal Place of Business

21		2a. Mailing Address	26

Suite, Apt #, etc	22		Suite, Apt #, etc.	27

City & State	23		City & State	28

Zip	24	Country	25	Zip	29	Country	30

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORA, MICHAEL J.
701 NW 57TH AVE., STE 200
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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**MORA, GIRALDO**		1.2 NAME		
STREET ADDRESS	**701 NW 57TH AVENUE, #200**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE	**VDT**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**MORA, SONIA**		2.2 NAME		
STREET ADDRESS	**701 NW 57TH AVENUE, #200**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	**VSD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**MORA, MICHAEL**		3.2 NAME		
STREET ADDRESS	**701 NW 57TH AVENUE, #200**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _~~Sonia H Mora~~_ V.P   1/9/97   (305)267-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #