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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L79100

DANAMA DHADMACY INC

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, with all other like empowered.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90020 045 \*\*\*150.00

PANAM	PHARMACY, INC.									
Principal Place	e of Business	Mailing Address				1	i (dinimii fili imain (dini ilbii diti) quii d	INIL OLDET AIDII NIQIL	OCALL BIRTH (BBI	
C/O MICHAEL	J. MORA	701 NW 57TH AVE								
701 NW 57 AV MIAMI FL 3312		200 Miami Fl 33126			DO NOT WRITE IN THIS SPACE					
US .		US				3. Date Incorporated or Qualifed				
	•						06/05/1990	·		
2. Principal P	lace of Business	2a. Mailing Address			4.	, FEI Number	<u> </u>	plied For		
21	· ,	26				$\perp$	65-0202275		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Additional equired	-
22 City & Stat	hb	City & State				6	Election Campaign Financing	\$5.00	May Be	
¬ ′		28				"	Trust Fund Contribution	Added		
<b>23</b>	Country	Zip	Co	untry		8.	. This corporation owes the current year	r Intangible		
24	25	29	30				Personal Property Tax.	☐ Yes	□No	
<u></u>	9. Name and Address of Curren					10	Name and Address of New Registe	red Agent	**	
		-		81	Name			0		
	RA, MICHAEL J.			82	Street Addre	ess (i	P.O. Box Number is Not Acceptable)	-22721		
701 NW 57TH AVE., STE 200				83			Le 7816 1 150			
MIAMI FL 33126									翻譯圖	
				84	City			85 Zip	Code	
							on submits this statement for the purpos	e of changing its	registered	
SIGNATURE	am familiar with, and accept the obligation of signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registere	ed Agent		when	reinstating) Paris DAT	E	<del></del> :^	1/98)
12.		ID DIRECTORS	13		<del></del>			Change	Addition	1
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CITY-ST-ZIP	MIAMI FL				ADDRESS					2
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NAME	MORA, SONIA		2.1 T	CITY-ST TITLE NAME	r- ZIP			☐ Change	· Addition	5
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 267-84/3