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 Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 JUN 17 PM 3:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name

M 05748

PCA Family Pharmacy Inc. Principal Place of Business 5835 Dive Light Ort, Stite 200 5835 Dive Light Ort, Stite 200					-	
MIAMI FL 33126		MIAMI FL 33126			3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/84 06/26/95	
2. Principal Place of Business		1	2a. Mailing Address		4. FEI Number S9-2449754 Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Z ip	Country	Zip 29	30	Country	8. This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes No	
24 25 29 29 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
MENENDEZ, JOSE M., ESQ. 5835 BLUE LAGOON DR. Sittle 200 M.ami, Fl. 33126				81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)	
		-	•		FL 85 Zip Code	
11. Pursuant to office or re agent. I arr	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the ob	502 and 607.1508, Flori ite of Florida Such chan ligations of, Section 607	da Statutes, the ige was authori .0505, Florida S	e above named corp zed by the corporat Statutes.	poration submits this statement for the purpose of changing its registered items of directors. I hereby accept the appointment as registered	
SIGNATURE			(NOTE Begi	stereo Agent signature requ	rred when reinstating) DATE	
	Signature, typed or printed name of registered	AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OS FIOCHO!	6	,	1 1 TITLE	Change Addition	
1)TLE		MUIENDEZ, TO	SE M.	1.2 NAME		
NAME STREET ADDRESS		5835 Bive 14)	oun Dr.	1 3 STREET ADDRESS		
CITY-ST-ZIP		Mami FL 33	17-6	1.4 CITY - ST - ZIP	<u>□□□□□18639□□</u> -06/17/96•Ш48 4• ••Ш4Addion	
11TLE	P0			2 1 THLE	****225.00 ****225.00	
NAME	HOURAINI. EIAS M			2 2 NAME	****C40.00 **********************************	
STREET ADDRESS	*	51835 Blue Logo	on Ur	2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	Miami, FL 3	3126	2 4 City - ST- ZIP	00000186@900	
TITLE	TD		DELETË	3171111	-nazi729a01048015	
NAME	DONNELLY, CLIFFORD,	W 1535 Pane Lag	מע ו ניינ	3 2 NAME 3 3 STREET ADDRESS	******8.75 ******8.75	

NAME

HAGEMAN, JOHN, A

5935 Dive Light Dr.
62 NAME

63SIRET ADDRESS

CITY-ST-ZIP

MAMI FL

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 Brock 12 or Black 13 if changed, or on an attachment with a actions.

3 4 CITY - ST- ZIP

4 3 STREET ADDRESS

5 3 STREET ADDRESS

5 4 CHTY - ST - ZIP

(rups wear

collado, Richard

5335 Blue Lagour Dr.

4 4 CITY - ST - ZIP

4.1 TITLE

4 2 NAME

51 TITLE

5 2 NAME

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

MIAMI FL

MIAMI FL

KILISSANLY, PLTER E

DC

Miami, FL 33126

5835 Dive Legara Dr

Mani FL \$126

PEREZ EDUARDO 5835 Blue Layoun Dr. Miami, FL 33126 DELETE

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