

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M44454 (0)
1. Corporation Name
SOUTH BEACH PHARMACY, INC.



Principal Place of Business: **805 FIFTH STREET MIAMI BEACH FL 33139-6511 US**
Mailing Address: **805 FIFTH STREET MIAMI BEACH FL 33139-6511 US**

3. Date Incorporated or Qualified: **01/07/1987** 3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2752746** Applied For: Not Applicable
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
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21. State, Apt., #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 27. State, Apt., #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**BURGOS, MARCO
805 5TH STREET
MIAMI BEACH FL 33139**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0605 and 607.0607, 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, Sections 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: Change Addition

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD NAME: BURGOS, MARCOS STREET ADDRESS: 803 FIFTH AVE. CITY, ST, ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE 1. TITLE: 12 NAME: 13 STREET ADDRESS: 14 CITY, ST, ZIP:
STD NAME: ZARATE, YOLANDA B. STREET ADDRESS: 803 FIFTH AVE. CITY, ST, ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE 2. NAME: 2.3 STREET ADDRESS: 2.4 CITY, ST, ZIP:
VD NAME: BURGOS, SUZANNE M STREET ADDRESS: 805 5TH STREET CITY, ST, ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE 3. TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP:
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> DELETE 4. TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP:
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> DELETE 5. TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP:
<input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> DELETE 6. TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, ST, ZIP:

14. I do hereby certify that the information provided to the filing is voluntarily true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person authorized in power to be registered as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am an authorized officer or director.

SIGNATURE: *[Signature]* 2/16/96 305 534 4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)