

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

Amended

559120

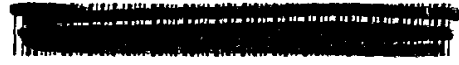
PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M47094
1. Corporation Name
SHENANDOAH PHARMACY CORP.

Principal Place of Business: 2300 CORAL WAY #200 MIAMI FL 33145
Mailing Address: 2300 CORAL WAY #200 MIAMI FL 33145

NOV 2 11:29 AM '99
STATE OF FLORIDA



2. Principal Place of Business: 2300 CORAL WAY, SUITE # 200, MIAMI FLORIDA, 33145 U.S.
2a. Mailing Address: 2300 CPRAL WAY, SUITE # 200, MIAMI FLORIDA, 33145 U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1987

4. FEI Number: 59-2793233

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY #200 MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: AMADA CANTERA LOPEZ, PRES
DATE: 10/29/99

12. OFFICERS AND DIRECTORS

TITLE	P/D/	NAME	RODRIGUEZ, ANA	STREET ADDRESS	10201 SW 66 ST	CITY-ST-ZIP	MIAMI, FL	<input type="checkbox"/> DELETE
TITLE	S/D/	NAME	RODRIGUEZ JR., MANUEL	STREET ADDRESS	10201 SW 66 ST	CITY-ST-ZIP	MIAMI, FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D/	12 NAME	ALVAREZ, JUAN ULISES	11 STREET ADDRESS	9613 SW 117 COURT	14 CITY-ST-ZIP	MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	S/D/	22 NAME	ALVAREZ, PAULA	23 STREET ADDRESS	9613 SW 117 COURT	24 CITY-ST-ZIP	MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		32 NAME		33 STREET ADDRESS	800003043288--6	34 CITY-ST-ZIP	-11/12/99-01103-022	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		42 NAME		43 STREET ADDRESS	****61.25	44 CITY-ST-ZIP	****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: X
Date: 10/29/99
Daytime Phone #