

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

APPROVED AND FILED

PROFIT CORPORATION ANNUAL REPORT 1999



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

99 DEC 30 AM 9:52

" AMENDED "

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1987

4. FEI Number

59-2793233

Applied For

Not Applicable

2. Principal Place of Business

21 2300 CORAL WAY

2a. Mailing Address

26 2300 CPRAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

Suite, Apt. #, etc.

27 SUITE # 200

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip Country

24 33145 25 U.S.

Zip Country

29 33145 30 U.S.

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY #200 MIAMI FL 33145

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

AMADA CANTERA LOPEZ. PRES

12/29/99

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 NAME ALVAREZ, JUAN ULISES STREET ADDRESS 9613 SW 117 COURT CITY-ST-ZIP MIAMI, FL 33185

1.1 TITLE PD 1.2 NAME MALAGON, LOURDES 1.3 STREET ADDRESS 9214 S. W. 147 CT 1.4 CITY-ST-ZIP MIAMI, FLORIDA 33196

TITLE SD NAME ALVAREZ, PAULA STREET ADDRESS 9613 SW 117 COURT CITY-ST-ZIP MIAMI, FL 33185

2.1 TITLE SD 2.2 NAME ALVAREZ, EDUARDO 2.3 STREET ADDRESS 1276 N. W. 3 STREET 2.4 CITY-ST-ZIP MIAMI, FLORIDA 33135

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Lourdes Malagon

Date Daytime Phone #