

FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90001 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N98000006710**

1. Corporation Name

BEST MEDICINE, INC.

Principal Place of Business

1401 N.E. 191 ST., #108
N. MIAMI BEACH FL 33179

Mailing Address

1401 N.E. 191 ST., #108
N. MIAMI BEACH FL 33179



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 1001 S.W. 3RD AVE	11/25/1998
22 City & State	27 MIAMI, FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 33128	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARKO, DAVID EVERETT
3001 S.W. 3RD AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS GLOVER, CHARLOTTE	1.2 NAME	
STREET ADDRESS	1401 N.E. 191 ST., #108	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZA, PAMELA	2.2 NAME	
STREET ADDRESS	1401 N.E. 191 ST., #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBARKIN, ADAM SAUL	3.2 NAME	
STREET ADDRESS	1401 N.E. 191 ST., #108	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANEY, KEITH	4.2 NAME	
STREET ADDRESS	1401 N.E. 191 ST., #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, JOSE MIGUEL	5.2 NAME	
STREET ADDRESS	1401 N.E. 191 ST., #108	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: **+**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Date

305-285-2000

Daytime Phone #

CR2E037 (1/1/98)