

FILE NOW. FILING FEE AFTER MAY 1 IS \$530.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

FILED

97 MAY 29 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021856

1. Corporation Name

ABACUS PHARMACY SYSTEMS, INC.

Principal Place of Business

Mailing Address

5015 Westwood Lake Dr. 5015 Westwood Lake Drive
Miami, Fl. 33165 Miami, Fl. 33165

3. Date Incorporated or Qualified

3-22-94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9111 S.W. 10 Terrace 26 9111 S.W. 10 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0477365

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTO ALBERRO
9111 S.W. 10th Terrace
Miami, Florida 33174

81 Name

ROBERTO ALBERRO

82 Street Address (P.O. Box Number is Not Acceptable)

9111 S.W. 10th Terrace

83

84 City

Miami

FL

85 Zip Code
33174

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

Signature typed or printed name of registered agent and title if applicable

President, ROBERTO ALBERRO

DATE

4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE
NAME ORLANDO ALBERRO
STREET ADDRESS 5015 Westwood Lake Drive
CITY-ST-ZIP Miami, Florida 33165

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME ROBERTO ALBERRO
1.3 STREET ADDRESS 9111 S.W. 10th Terrace
1.4 CITY-ST-ZIP Miami, Florida 33174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 600002199016--7
3.4 CITY-ST-ZIP -06/03/97--01010--013
*****61.25 *****61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of Roberto Alberro

ROBERTO ALBERRO 4/24/97

(305) 552-6273

CR2F034 (12/95)