

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000021856 (7)

1. Corporation Name

ABACUS PHARMACY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9111 S.W. 10 TERRACE MIAMI FL 33174		9111 S.W. 10 TERRACE MIAMI FL 33174	
2. Principal Place of Business		2a. Mailing Address	
21 3589 SW 108 AVE		26 3589 SW 108 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 MIAMI, FL		28 MIAMI FL	
Zip		Zip	
24 33165		29 33165	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified	
03/17/1994	
4. FEI Number	Applied For
65-0477365	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALBERRO, ROBERTO 9111 S.W. 10 TERRACE MIAMI FL 33174		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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P	1.1 TITLE	Vice President
NAME	ALBERRO, ROBERTO	1.2 NAME	Alberro, Roberto
STREET ADDRESS	9111 S.W. 10 TERRACE	1.3 STREET ADDRESS	9111 S.W. 10 TERR.
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	MIAMI FL 33174
TITLE		2.1 TITLE	President
NAME		2.2 NAME	ORLANDO ALBERRO
STREET ADDRESS		2.3 STREET ADDRESS	5015 WESTWOOD LAKE DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with a address.

SIGNATURE:

[Signature]

1/15/98