FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000071616 (3)**

1. Corporation Name
PHARMAPLUS, INC.

Principal Place of Business
1550 W 84 STREET
HIALEAH FL 31012

Mailing Address
~~1550 W 84 STREET~~
~~HIALEAH FL 31012~~

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report:

4. FEI Number: 65-0610563 — 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

2. Principal Place of Business
21:

2a. Mailing Address
26: 3400 CORAL WAY

Suite, Apt. #, etc
22:

Suite, Apt. #, etc.
27: 600

City & State
23:

City & State
28: MIAMI, FLORIDA

Zip
24:

Country
25:

Zip: ~~33145-3053~~
29:

Country
30: U.S.A

9. Name and Address of Current Registered Agent
MORENO, MIGUEL
~~1550 W 84 STREET~~
~~HIALEAH FL 31012~~

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 8732 N.W. 189 TERRACE
83:
84 City: MIAMI FL
85 Zip Code: 33015

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 — Note: Registered Agent signature required when name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	MORENO, MIGUEL	
STREET ADDRESS	~~1550 W 84 STREET~~	
CITY-ST-ZIP	~~HIALEAH FL 31012~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8732 N.W. 189 TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	200001810112	
4.4 CITY-ST-ZIP	-05/07/96--01001--017	
5.1 TITLE	***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: Miguel Moreno — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-12-96 (Date) — (305) 446-2055 (Daytime Phone #)

CR2E034 (12/95)