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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

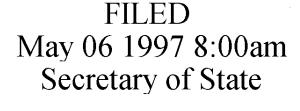
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071616 (3) PHARMAPLUS, INC.

Principal	Place o	of Business
TEEN W D	4 CTDCC	T.

Mailing Address





1550 W 84 STREET HEALEAH FL 31012		600	3400 CORAL WAY 600 MIAMI FL 33145-9053			Date Incorporated or Qualified	3a. Date	of Last F	Boport	٦
						09/14/1995	05/01	/1996	TO POIL	
2. Principal Place of Business		2a, Mailing Addr	2a. Mailing Address		4, FEI Number	Applied For			1	
21		26	26		65-0610563	65-0610563 Not Ap				
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22		27						Fee Re	equired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Zip Country			Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,				
24	25	29	30	·		Florida Statutes X Yes \(\sum \) No				
	9, Name and Address of Cu	rent Registered Agent		10. Name and Address of New Registered Agent						1
	RENO, MIGUEL			81	Name					1
	32 NW 139 TERRACE				Street Add	Address (P.O. Box Numbor is Not Acceptable)				
MIAI	MI FL 33015			82	000(7.0)					
				83						7
				84	City		FL	85 Zip I	Code	1
OHICE OF I	to the provisions of Sections 607, egistered agent, or both, in the Sim familiar with, and accept the of	iate of Fiorida, Such char	ide was authoi	rized by	the comora	rporation submits this statement for the pration's board of directors. I hereby accep		anging it tment as	ls registered registered	
SIGNATURE	Simulation in the state of the						·		T. 1.4.7	
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS		stered Age	int signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	IDECTOR	00 141 40	ي ا
TITLE	PSD	DE DE		1.1 117(E		ADDITIONS/CHANGES TO OFFIC	EUS VIAD D	Change	Addition	څٍ ⊢
NAME	MODENO MIGUEI		1.2 NAME			_	Ondrigo	ובין איסטונוסוז	10	
STREET ADDRESS	RESS 8732 NW 189 TERRACE				ADDRESS					8
CITY-ST-ZIP	MIAMI FL 33015			I.4 CITY - S						Š
TITLE				2.1 THILE				Change	Addition	ฮ
NAME	2.2 N			2.2 NAME						
STREET ADDRESS	23			.3 STREET	ADDRESS					
CITY-ST-ZIP	2.41			2. 4 CITY - :	ST - ZIP					
TITLE	DELETE 3.1 TO			1.1 TITLE				Change	Addition]
NAME	3.2 M			1.2 NAME	İ					
STREET ADDRESS			3	1.3 STREET	ADDRESS					
CITY-ST-ZIP				1.4. CITY- S	ST - 71P					_
TITLE		DE		I.1 TITLE			L	Change	Addition	
NAME				. 2 NAME						
STREET ADDRESS				I.3 STREET						
CITY-ST-ZIP TITLE	-	□ DE		4 CITY-S	1 - 7IP				<u> </u>	_
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NAME		البيا الد		A TITLE			LJ	Снапде	Addition	
STREET ADDRESS			li l	L2 NAME	Abances					
	4.00			.3 STREET						
CITY-ST-ZIP	777		6	4 CITY S	I - ZIP					

I do 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.