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FILED STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 JAN 25 AM 9: 57 1999 DIVISION OF CORPORATIONS P96000019709 SECRETARY OF STATE TALLAMANSEE, PLORIDA **DOCUMENT #** etvices Corp. Pharmed Principal Place of Business 3075 NW 107 AVR 3075 NW 107AW Miami, FL33172 Miani, FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated of Qualifer 03 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes ZMo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sanchez, Charles J. R1 Name Street Address (P.O. Box Number is Not Acceptable) 3075 NW 107 AVE 83 Miami, FL 33172 84 City 85 Zip Code FI 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE V,D,T ☐ Change Addition 1.1 TITLE TITLE Barcia, Leo Bozs NW107 Aue de Cespedes, Jorge L. 3075 NW 107 Ave 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Miani , FL 33/72 Miani, FL 33172 CITY-ST-ZIP 1,4 ÇITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE NAME de Cespe des, Carlos M. STREET ADDRESS 3075 NW 107 A UR 2.2 NAME 2.3 STREET ADDRESS 600002752866--4 -01/25/99--010949-01@Addison Miami, FL 33 172 CITY-ST-71P 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE Senchez, Charles 3075 NW 107 Ave ****916.25 ****150.00 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS Miani, FC 33172 CITY-ST-Z# 3.4. CITY-ST-ZIP SOELETE ☐ Change Addition TITLE 4.1 TITLE Baldwin, william A. NAME 4, 2 NAME 3075 NW 107 AUG STREET ADDRESS 4.3 STREET ADDRESS Miami, FL 33172 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 carporation 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, with all other like empowered.

Charles 1- Sanchez

SIGNATURE:

CR2E034 (11/98)

(305)592-2324