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

FILED
Apr 27 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 # P97000040635

1. Corporation Name
PHARMAPLUS WHOLESALE, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/97

2. Principal Place of Business	2a. Mailing Address
21 6175 N.W. 167th St.	26 6175 N.W. 167th St.
Suite, Apt. #, etc: 22 G-18	Suite, Apt. #, etc: 27 G-18
City & State: 23 MIAMI, FL.	City & State: 28 MIAMI, FL.
Zip: 24 33015 Country: 25 USA	Zip: 29 33015 Country: 30 USA

4. FEI Number: 65-0751514 ☐ 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 Fee

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: VICTOR A. PEÑAFIEL
	82 Street Address (P.O. Box Number is Not Acceptable): 19018 N.W. 53rd CT.
	83
	84 City: MIAMI FL 85 Zip Code: 33055

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] Victor A. Peñafiel President 4-16-98
(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 12	
11 TITLE	P/S ☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	Victor A. Peñafiel	12 NAME	
13 STREET ADDRESS	19018 N.W. 53rd Ct.	13 STREET ADDRESS	
14 CITY ST ZIP	Miami, Fl. 33055	14 CITY ST ZIP	
21 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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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 added to the report with an address.

SIGNATURE: [signature] Victor A. Peñafiel President 4-16-98 305 826-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)