


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90038 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000064634**

1. Corporation Name  
**PALM AVENUE PHARMACY, INC.**



Principal Place of Business <b>480 PALM AVENUE HIALEAH FL 33010</b>	Mailing Address <b>480 PALM AVENUE HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 400 PALM AVENUE</b>		2a. Mailing Address <b>26 400 PALM AVENUE</b>		3. Date Incorporated or Qualified <b>07/24/1997</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0769614</b>
City & State <b>23 HIALEAH, FL</b>		City & State <b>28 HIALEAH FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24 33010</b>		Zip <b>29 33010</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ECHEVARRIA, VICKY  
6332 NW 176 TERRACE  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name <b>Vicky Echevarria</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5250 NW 114 AV. #109</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33178</b>

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 **Vicky Echevarria** **Vicky Echevarria, President** **1-6-99**  
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	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ECHEVARRIA, VICKY</b>		1.2 NAME <b>Echevarria, Vicky</b>	
STREET ADDRESS <b>6332 NW 176 TERRACE</b>		1.3 STREET ADDRESS <b>5250 NW 114 AV. #109</b>	
CITY-ST-ZIP <b>MIAMI FL 33015</b>		1.4 CITY-ST-ZIP <b>Miami, FL 33178</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Vicky Echevarria** **Vicky Echevarria** **1-6-99** **(305) 863-9060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

012518

CR2E034 (1/1/98)