SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 97000083459

HOME PHARMACEUTICAL IMPORT/EXPORT, INC.

							THE BILLIAN STATE OF THE STATE
Principal Place	e of Busi	ness	Mailing Address				
6555 N		66 STREET	, u				
SUITE	CAMP						
	MIAMI, FLORIDA 33146					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						09/26/97	
2. Principal P	ace of B	usiness	2a. Mailing Address			4. FEI Number	Applied F or
21			26			65 0785977	Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State	17 U		6. Election Campaign Financing	\$5.00 May Be
[23]			28	28		Trust Fund Contribution	Added to Fees
Zip		Country	Zφ	Z _I μ Country		8. This corporation owes or has paid the current year intangible	
24		[25]	[29]	30		Personal Property Tax due June 30.	Yes No
		me and Address of Curre		81	Name	10. Name and Address of New Registere	a Agent
1 -		EDWARD J ES(82			
7270 N.W. 12 STREET SUITE 580 MIAMI, FLORIDA 33126					Street Addre	ss (P.O. Box Number is Not Acceptable)	
HILMHI	I D	NIDA JSIZO		83			
1				84	City		85 Zip Code
					0.03	F	L
11. Pursuant	to the pr	revisions of sections 607,050 ft anget, or both, in the State	2 and 607.1508, Florida State of Florida, Such change wa	utes, the above-	named corporation	ation submits this statement for the purpose of n's board of directors. I hereby accept the app	changing its registered
			ations of, section 607.0505,			To both a of billociols. Thoroby accept and up,	onanon do registores
SIGNATURE .	Shoratana I	yped or printed name of registered age	ol and trito if anning the	(NOTE Registered A	nout eignalure razud	red when reinstating) DATE	
12.	Olgitaldie, t	'. i	ND DIRECTORS	13.	Jent ark some redu	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PS	PS LEONARDO CALDERON DELETE		1.1 THILE			Change Addition
NAME	11355 N.W. 66 STR		56 STREET	12 NAME			l
STREET ADDRESS		MIAMI, PL. 3	33178	1.3 \$TREET	ADDRESS		İ
CITY-ST-ZIP				1.4 CITY-ST	-ZIP		
TITLE NAME	VP	LUZ MARY HON		2 1 THILE 2 2 NAME			Change Addition
STREET ADDRESS			66 STREET	23 STREET	ADDDESS		
City-S1-ZiP		MIAMI, PL. 3	3170	2.4 CITY-ST	i		
TITLE			DELETE	3.1 TITLE			Change [] Addition
NAME				3.2 NAME			·
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-S1-ZIP				3.4 C/TY-S1	-ZIP		
THLE			L DELETE	4.1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET	1		
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST- 5.1 TITLE	·ZIF1		Change Addition
NAME			[] DELETE	5.2 NAME		100002646	
STREE I ADDRESS	ADDRESS		5.3 STREET.	ADDRESS	100002646: -09/23/9801015-	-026	
CITY-S1-ZIP				5.4 CITY-S1-		***550.00	
TITLE			DELETE	61 TITLE			Change Addition
NAME			Marine	6.2 NAME			\V_\
STREET ADDRESS				63STREET	ADDRESS		$j_{\alpha,\nu}$

A LEONARDO CALDERON

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 trusted 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.

09/11/98

FILED

Sep 21 1998 8:00am

Secretary of State