

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 029 ***550.00

DOCUMENT # P97000092068

1. Corporation Name
RX PLUS, INC.



Principal Place of Business

6175 NW 167 ST
G 18B
MIAMI FL 33015
US

Mailing Address

6175 NW 167TH ST. SUITE G-18
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

65-0791823

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 Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **855 NE Jensen Beach Blvd.**

2a. Mailing Address

26 **855 NE Jensen Beach Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Jensen Beach, FL**

City & State

28 **Jensen Beach, FL**

Zip

24 **34957**

Country

25 **USA**

Zip

29 **34957**

Country

30 **USA**

9. Name and Address of Current Registered Agent

PENAFIEL, VICTOR A
19018 NW 53RD CT
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name

Jose Castillo

82 Street Address (P.O. Box Number is Not Acceptable)

13295B N.W. 107th Ave.

83

84 City

Hialeah Gardens

FL

85 Zip Code
33018

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

Jose Castillo

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **PENAFIEL, VICTOR A**
STREET ADDRESS **6175 NW 167TH ST, SUITE G-18**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TD** ☐ DELETE
NAME **CASTILLO, JOSE**
STREET ADDRESS **6175 NW 167TH ST, SUITE G-18**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Buller, Michael**
1.3 STREET ADDRESS **855 NE Jensen Beach Blvd.**
1.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

2.1 TITLE **S/T/D** ☒ Change ☐ Addition
2.2 NAME **Castillo, Jose**
2.3 STREET ADDRESS **13295B N.W. 107th Ave.**
2.4 CITY-ST-ZIP **Hialeah Gardens, FL 33018**

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **Hill, Brian**
3.3 STREET ADDRESS **13295B N.W. 107th Ave.**
3.4 CITY-ST-ZIP **Hialeah Gardens, FL 33018**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Michael Buller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/99

CR2E034 (11/98)