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

99 APR 30 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0265422

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000036839

1. Corporation Name
JUPAL PHARMACY, INC.

Principal Place of Business
9613 S.W. 117TH COURT
MIAMI FL 33186

Mailing Address
9613 S.W. 117TH COURT
MIAMI FL 33186

3. Date Incorporated or Qualified
04/23/1998

4. FEI Number
65-0830583
[ ] 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 2300 CORAL WAY
Suite, Apt. #, etc
22 SUITE # 200
City & State
23 MIAMI FLORIDA
Zip Country
24 33145 25 US.

2a. Mailing Address
26 2300 CORAL WAY
Suite, Apt. #, etc
27 SUITE # 200
City & State
28 MIAMI FLORIDA
Zip Country
29 33145 30 US.

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 AMADA CANTERA LOPEZ.PRES 4/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature begins on the reverse side) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ULISES ALVAREZ, JUAN	
STREET ADDRESS	9613 S.W. 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	[ ] DELETE
NAME	ALVAREZ, PAULA	
STREET ADDRESS	9613 S.W. 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
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	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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****150.00 ****150.00

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: 4/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
JUAN U.ALVAREZ.PRES

Digital Filing #

CR2E034 (11/98)