

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90078 025 \*\*\*150.00

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

1. Corporation Name

VIKO DRUG STORE, INC.



572330 - 90012 - 34

Principal Place of Business

Mailing Address

1490 NW 3RD AVE, STE #108  
 MIAMI, FL. 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0837176	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation owes the current year Intangible	
24	30	Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTOR O'SAGIE  
 6955 NW 186th St. #309  
 Miami, FL. 33015

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	6955 NW 186th St.
STREET ADDRESS	VICTOR O'SAGIE	1.3 STREET ADDRESS	
CITY-ST-ZIP	6955 NW 186th St #309	1.4 CITY-ST-ZIP	
	MIAMI, FL. 33015		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	2.2 NAME	
STREET ADDRESS	VICTOR O'SAGIE	2.3 STREET ADDRESS	
CITY-ST-ZIP	6955 NW 186th St #309	2.4 CITY-ST-ZIP	
	MIAMI, FL. 33015		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	3.2 NAME	
STREET ADDRESS	MONICA O'SAGIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	6955 NW 186th St #309	3.4 CITY-ST-ZIP	
	MIAMI, FL. 33015		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	4.2 NAME	
STREET ADDRESS	Gilbert Sami	4.3 STREET ADDRESS	
CITY-ST-ZIP	12571 NW 6th Ave	4.4 CITY-ST-ZIP	
	MIAMI, FL. 33102		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poster Okafor	5.2 NAME	
STREET ADDRESS	DIRECTOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	3126 Awater Drive	5.4 CITY-ST-ZIP	
	Orlando, FL. 32825		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99 (305) 573-8900  
 Date Daytime Phone

CR2E034 (11/98)