

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

APPROVED
AND
FILED

99 APR -9 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0217395

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054102

1. Corporation Name

NEW AGE RX. CORP.

Principal Place of Business 2300 SW 23 STREET MIAMI FL 33145 US	Mailing Address 2300 SW 23 STREET MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1998

4. FEI Number

65-0845763

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 24. 33145	2a. Mailing Address 26. 2300 Coral Way Suite Apt. #, etc. 27. Suite # 200 City & State 28. Miami, Florida Zip 29. 33145
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9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
#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 607.1508, 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

AMADA CANTERA LOPEZ, PRESIDENT

3/27/99

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P/ CACERES, NANCY
STREET ADDRESS	1841 SW 8th Street
CITY-ST-ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE
NAME	S/ BEGUIRISTAIN, EDUARDO
STREET ADDRESS	7032 NW 169th Street
CITY-ST-ZIP	Miami, FL 33015
TITLE	<input type="checkbox"/> DELETE
NAME	T/ MARTINEZ, MARIA ELENA
STREET ADDRESS	500 Bayview Drive, Apt. 1420
CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-04/12/99-01138-016
****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:

NANCY CACERES, PRES.

3/27/99