

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90006 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000059847			
1. Corporation Name AIMS RX, CORP.			
Principal Place of Business 17843 NORTHWEST 66 COURT MIAMI FL 33015		Mailing Address 17843 NORTHWEST 66 COURT MIAMI FL 33015	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 07/07/1998			
2. Principal Place of Business 21 225 NE 34 ST Suite, Apt. #, etc. 22 SUITE 207 City & State 23 MIAMI FL Zip 24 33137 25 USA		2a. Mailing Address 26 225 NE 34 ST Suite, Apt. #, etc. 27 SUITE 207 City & State 28 MIAMI FL Zip 29 33137 30 USA	
4. FEI Number 65-0866313		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RAFULS, MARK 17843 NORTHWEST 66 COURT MIAMI FL 33015		10. Name and Address of New Registered Agent 81 Name MARK RAFULS 82 Street Address (P.O. Box Number is Not Acceptable) 10891 SW 125 ST 83 84 City MIAMI 85 Zip Code FL 33176	
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 of 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 <i>[Signature]</i> DATE 4/29/99			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAFULS, MARK 17843 NORTHWEST 66 COURT MIAMI FL 33015 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP MARK RAFULS 10891 SW 125 ST MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWARD, HERMAN 11810 NORTHEAST 9 AVE. BISCAYNE PARK FL 33181 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/C President / Chairman HERMAN HOWARD SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRONEY, ROLANDO A 20324 NORTHWEST 32 PLACE MIAMI FL 33056 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer CRONEY, ROLANDO A SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATALIE A Lothar 9260 McnDOTA Detroit Michigan 48204 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	NATALIE A Lothar 9260 McnDOTA (Secretary) Detroit Michigan 48204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

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:

MARK RAFULS RE *[Signature]*

Date

4/29/99

Daytime Phone #