

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S70219** (8)

1. Corporation Name

MADAHIMA PHARMACY INC II

Principal Place of Business

**2360 W. 68TH STREET
UNIT 112
HIALEAH FL 33016-5501**

Mailing Address

**2360 W. 68TH STREET
UNIT 112
HIALEAH FL 33016-5501**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/29/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0292957

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEREZ, JOSE G.
8359 S.W. 2ND STREET
MIAMI FL 33144**

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 607.0602 and 607.1505, 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 607.0604, Florida Statutes.

SIGNATURE

(Signature of person providing information on this report and the data on the

(Print) Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
P PEREZ, JOSE G
STREET ADDRESS
8359 SW 2ND ST
CITY-STATE-ZIP
MIAMI FL

11.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jose G. Perez **JOSE G. PEREZ** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

CR2E034 (12/95)