

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
CORPORATE FILINGS DIVISION

DOCUMENT # **V45049** (6)

1. Corporation Name  
**KALAHARI DRUGS, INC.**

2. Principal Place of Business

**% NGONI C KWANGWARI  
13821 SW 112TH AVE  
MIAMI FL 33176**

2a. Mailing Address

**% NGONI C KWANGWARI  
13821 SW 112TH AVE  
MIAMI FL 33176**

3. Date incorporated in this state  
**06/19/1992**

08/15/1994

4. FEI Number  
**65-0338688**

Applied For  
First Application

21. State of Incorporation

22. State of Principal Office

23. City & State

24. Country

26. State of Incorporation

27. State of Principal Office

28. City & State

29. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Fee for Certificate and any Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has filed its financial statements with the Secretary of State  **FL**

9. Name and Address of Current Registered Agent

**KWANGWARI, NGONI C.  
13821 SW 112TH AVE  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **N/A**  
82 Street Address (if 81) Has Location of Post & Capital **N/A**  
83 City **N/A**  
84 State **N/A** **FL** 85 Zip Code

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report and to file the same with the Secretary of State.

Signature

12. Name and Address of Agent

**DPT  
KWANGWARI, NGONI C  
13821 SW 112TH AVE  
MIAMI FL**

**DVS  
MATLHO, ANDERSON  
6238 SW 57TH AVE  
MIAMI FL**

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MATLHO, ANDERSON  
6238 SW 57TH AVE  
MIAMI FL**

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MATLHO, ANDERSON  
6238 SW 57TH AVE  
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MIAMI FL**

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MATLHO, ANDERSON  
6238 SW 57TH AVE  
MIAMI FL**

13. Name and Address of Agent

**N/A**

**N/A**

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this report and to file the same with the Secretary of State.

SIGNATURE:

PRINTED NAME AND TITLE OF BRINGING OFFICER OR DIRECTOR

*[Signature]*

5/16/95