

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995 *6-30-95*



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 11 02 AM '95

DOCUMENT # M96377 (0)

1. Corporation Name
MAR-KAL DRUGS, INC.

Principal Place of Business
**% MARIO KALLER
218 N.E. 199TH TERRACE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**% MARIO KALLER
218 N.E. 199TH TERRACE
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1988** 3a. Date of Last Report **06/16/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0069997

Applied For
 Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

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

City & State

City & State

6. Has this Corporation Ever Had a Trust Fund Contribution? **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALLER, MARIO
218 N.E. 199TH TERRACE
NORTH MIAMI BEACH FL 33179**

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

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.

ALL OTHERS (NAME, ADDRESS, CITY, STATE, ZIP)

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
KALLER, MARIO
218 N.E. 199TH TERRACE
N. MIAMI BEACH FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
KALLER, FRIDA
218 N.E. 199TH TERRACE
N. MIAMI BEACH FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

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 agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Kaller
Frida Kaller
U. President

6/12-95
3059360169

DATE TITLE (Type in Block 13)

CR2E034 (3/95)