

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **m96377**
1. Corporation Name: **Mar-Kal Drugs**

Principal Place of Business: **20475 Biscayne Blvd Aventura FL 33180**
Mailing Address: **20475 Biscayne Blvd Aventura FL 33180**

| | | | | | | | | | |
|--------------------------------|----|---------------------|----|--------------------------|----|-------------------------------|----|-------------------------------------------------------------------------|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date of Incorporation | | 3a. Date of Last Report | | 4. FE Number | |
| Suite/Apt. #, etc. | | Suite/Apt. #, etc. | | 65-0069997 | | Applied For Not Applicable | | 5. Certificate of Status Desired | |
| City & State | | City & State | | [] | | [] | | 8.75 Additional Fee Required | |
| Zip | | Zip | | [] | | [] | | 5.00 May Be Added to Fees | |
| County | | County | | [] | | [] | | 8. This corporation has not filed annual reports for the last 12 months | |
| [] | | [] | | [] | | [] | | [] | |

10. Name and Address of New Registered Agent

81. Name: **Mario Kaller**

82. Street Address (P.O. Box Numbers Not Acceptable):

83.

84. City: **FL** 85. Zip Code:

9. Name and Address of Current Registered Agent

**Frida Kaller
6117 NW 83rd Lane
Parkland FL 33067**

SIGNATURE:

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the office of registered agent for this corporation is located at the address above and that the undersigned is a resident of the State of Florida.

MARIO KALLER 8/2/96

12. OFFICERS AND DIRECTORS

| | | | |
|-----------------------------------|---------------------|--------------------------|--------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| <input type="checkbox"/> OFFICER | Frida Kaller | 6117 NW 83rd Lane | Parkland FL 33067 |
| <input type="checkbox"/> DIRECTOR | Mario Kaller | 6117 NW 83rd Lane | Parkland FL 33067 |

13. AGENTS TO CLERK AND DELIVER TO

| | | | |
|-----------------------------------|------|----------------|----------------|
| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| <input type="checkbox"/> OFFICER | | | |
| <input type="checkbox"/> DIRECTOR | | | |

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-08/23/96--01011--031
***225.00

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: **Frida Kaller 6/15-96 3059360467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (3/96)