

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

Entity Name: PHARM-PACC CORPORATION**Current Principal Place of Business:**135 SAN LORENZO AVENUE
SUITE 730
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVE
SUITE 730
MIAMI, FL 33146 US**FEI Number:** 65-1049523**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DE MENDIA, CARLOS F
1120 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name DE MENDIA, CARLOS F
Address 1120 SOUTH ALHAMBRA CIRCLE
City-State-Zip: MIAMI FL 33146

Title D
Name PEREZ, MARCOS A
Address 1121 CRANDON BLVD D407
City-State-Zip: KEY BISCAVNE FL 33149-1933

Title SD
Name DE MENDIA, IRMA A
Address 1120 S ALHAMBRA CIR
City-State-Zip: CORAL GABLES FL 33146

Title VPTD
Name MENDIA BEAUPERTHUY, CRISTINA I
Address 6464 CABALLERO BLVD
City-State-Zip: CORAL GABLES FL 33146

Title D
Name PEREZ, ROSA
Address 1121 CRANDON BLVD STE D407
City-State-Zip: KEY BISCAVNE FL 33149

Title VPD
Name MENDIA, IRMA M
Address 9669 SW 69 CT
City-State-Zip: MIAMI FL 33156

Title VPD
Name MENDIA, CARLOS G
Address 14708 GOLDEN LEAF PLACE
City-State-Zip: LOUISVILLE KY 40245

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRISTINA I MENDIA BEAUPERTHUY**MANAGER****01/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date