2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
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Entity Name: PHARM-PACC CORPORATION

Current Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 730
MIAMI, FL 33146

Current Mailing Address:

135 SAN LORENZO AVE
SUITE 730
MIAMI, FL 33146 US

FEI Number: 65-1049523

Certificate of Status Desired: No

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

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

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

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

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

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

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: CARLOS F DE MENDIA PRESIDENT AND CEO 01/09/2017

Electronic Signature of Signing Officer/Director Detail — Date