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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K41694** **(6)**

1. Corporation Name
CHIRAL CORPORATION

Principal Place of Business	Mailing Address
~~140~~ BRICKELL AVENUE 1070 MIAMI FL ~~33131~~ US	P.O. BOX 490431 MIAMI FL 33149 US

2. Principal Place of Business	2a. Mailing Address
21 1492 S. Miami Ave.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27
City & State	City & State
23 Miami, FL	28
Zip / Country	Zip / Country
24 33130 / 25 USA	29 / 30

3. Date Incorporated or Qualified: 10/27/1988	3a. Date of Last Report: 03/20/1995
4. FEI Number: ~~65-0520695~~ 65-0109096	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MASSEY, STEPHEN
~~1401~~ BRICKELL AVENUE
~~1401~~ BRICKELL AVENUE, ~~#1070~~
MIAMI FL ~~33131~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1492 S. Miami Ave., Suite 200

84 City Miami FL 85 Zip Code 33130

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 _____ DATE 2/23/96
Signature(s) typed or printed name(s) of registered agent and title(s) if applicable. NOTE: If Registered Agent is a corporation, must be signed by officer.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD P940000682200 ~~1401 BRICKELL AVENUE, #1070~~ ~~MIAMI FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD Stephen Massey 1492 S. Miami Ave.,Suite 200 Miami, FL 33130 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BADEN, DANIEL G 545 S.W. 29TH ROAD MIAMI FL 33129	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MENDE, THOMAS J 7035 S.W. 71ST AVENUE MIAMI FL 33143	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(i), 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 attachment with an address.

SIGNATURE: _____ 2/27/96 (305)361-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)