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FILED
Jul 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000077655
 1. Corporation Name:
AQUAMED PHARMACEUTICAL, INC.

Principal Place of Business: **10300 SUNSET DR. #236 MIAMI, FL. 33173 US**
 Mailing Address: **10300 SUNSET DR. #236 MIAMI, FL. 33173 US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **10/21/94**

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
 2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

4. FEI Number: **65-0529000** 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
 81 Name: **HAGAY BEN AVNER**
 82 Street Address (P.O. Box Number is Not Acceptable): **2854A STIRLING RD.**
 83 City: **HOLLYWOOD, FL.** 85 Zip Code: **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0504, Florida Statutes.
 SIGNATURE: *[Signature]* DATE: **7.9.98.**

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: SKLAR, RONALD	STREET ADDRESS: 884 NE 78th ST.	CITY-ST-ZIP: BOCA RATON, FL. 33487	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: RUDOLPH, ALAN	STREET ADDRESS: 8525 SW 92 ST. SUITE D17	CITY-ST-ZIP: MIAMI, FL. 33156	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: FINK, MORRIS	STREET ADDRESS: 10300 SUNSET DR. #236	CITY-ST-ZIP: MIAMI, FL. 33173	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME: HAGAY BEN AVNER	13 STREET ADDRESS: 2854A STIRLING RD.	14 CITY-ST-ZIP: HOLLYWOOD, FL. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: FINK, MORRIS	33 STREET ADDRESS: 10300 SUNSET DR. #236	34 CITY-ST-ZIP: MIAMI, FL. 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: 000002593170	63 STREET ADDRESS: -07/20/98--01074--026	64 CITY-ST-ZIP: ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or semi-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 registered 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: *[Signature]* DATE: **6/15 305-596-3060**

CR2ED94 (10/97)