

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000040602 (1)**

1. Corporation Name

**GENEX PHARMACEUTICAL, INC.**



Principal Place of Business

Mailing Address

7850 N.W. 146TH ST.  
SUITE 424  
MIAMI LAKES FL 33016

7850 N.W. 146TH ST.  
SUITE 424  
MIAMI LAKES FL 33016

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

3a. Date of Last Report

05/23/1995

4. FEI Number

Applied For

65-0638201

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

MIRANDA, JAY  
7850 N.W. 146TH ST.  
SUITE 424  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81	Name	VICTOR CASTAGNOLA
82	Street Address (P.O. Box Number is Not Acceptable)	7850 N.W. 146 ST
83		SUITE 424
84	City	MIAMI LAKES
85	Zip Code	FL 33016

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Date Registered Agent Accepted

1/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, JAY	
STREET ADDRESS	7850 N.W. 146TH ST., #424	
CITY-STATE-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTAGNOLA, VICTOR	
STREET ADDRESS	7850 N.W. 146TH ST., #424	
CITY-STATE-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TILLIT, ROLANDO	
STREET ADDRESS	7850 N.W. 146TH ST., #424	
CITY-STATE-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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)(k), Florida Statutes. I further certify that the information included 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 registered or trusted employee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (30) 8198790  
D.S. D. Date Filed

CR2E034 (12/95)