09031999-90003-011-$150.00-$150.00

AMENDED AND FILED

99 OCT -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073030

1. Corporation Name
APPLIED THERAPEUTICS MANUFACTURING, INC.

Principal Place of Business	Mailing Address
6703 PEMBERTON OAKS COURT ~~SEBRIER~~ SEBRIER FL 33584 SEFFNER	6703 PEMBERTON OAKS COURT ~~SEBRIER~~ SEBRIER FL 33584 SEFFNER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3529 N.W. 115th AVE
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.
24 Zip: 33178 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.: Same
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 08/20/1998
4. FEI Number: 59-3533541 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CHAIRMAN OF THE BOARD	☐ DELETE	1.1 TITLE	PRESIDENT & SECRETARY	☐ Change ☒ Addition
NAME	ALBERTO BAUER		1.2 NAME	JOHN L. KENNEDY III	
STREET ADDRESS	3529 N.W. 115TH AVE		1.3 STREET ADDRESS	6703 PEMBERTON OAKS CT.	
CITY-ST-ZIP	MIAMI FLA 33178		1.4 CITY-ST-ZIP	SEFFNER FLA. 33584	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. KENNEDY III 5-20-99 (205) 612-6234
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)