

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S70947** (4)
1. Corporation Name
KRAMER PHARMACAL, INC.



Principal Place of Business: **8900 S.W. 24 STREET SUITE 205 MIAMI FL 33165**
Mailing Address: **8900 S.W. 24 STREET SUITE 205 MIAMI FL 33165**

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

3. Date Incorporated or Qualified: **08/01/1991** 3a. Date of Last Report: **02/21/1995**
4. FLI Number: **65-0014269** 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
**RAIMUNDEZ, ALEJANDRO
3134 CORAL WAY
MIAMI FL 33145**

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 607.0402 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0402, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P [] DELETE
2. NAME	RUIZ, JUAN
3. STREET ADDRESS	8900 SW 24 ST, STE. 205
4. CITY, STATE, ZIP	MIAMI FL 33165
5. TITLE	V [] DELETE
6. NAME	RUIZ, THUSNELDA
7. STREET ADDRESS	8900 SW 24 ST., STE. 205
8. CITY, STATE, ZIP	MIAMI FL 33165
9. TITLE	D [] DELETE
10. NAME	RAIMUNDEZ, ALEJANDRO
11. STREET ADDRESS	3134 CORAL WAY
12. CITY, STATE, ZIP	MIAMI FL 33145
13. TITLE	[] DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	[] DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(b), 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. 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 a subsequent filing with an address.

SIGNATURE: *Alejandro Raimundez* **2/26/96** **305-461-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)