

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 332634 (5)

1. Corporation Name

ALI'S PHARMACEUTICAL, CORP.



Principal Place of Business

Mailing Address

3825 W. FLAGLER
MIAMI FL 33134
US

225 NW 57TH COURT
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. 1069 SW 85 CT.

22. City & State

27. Suite, Apt. #, etc.

23. Zip

Country

28. Miami FL

24. Zip

Country

29. 33144

30. USA

3. Date Incorporated or Qualified

07/18/1968

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1218872

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

10. Name and Address of New Registered Agent

DIAZ, PEDRO S
165 SW 48 CT
MIAMI FL

1. Name

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

1069 SW 85 CT.

3.

4. City

Miami

FL

85

Zip Code

33144

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD
DIAZ, PEDRO S
225 NW 57 COURT
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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1. TITLE

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STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

1. TITLE

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 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 is not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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

Date

Daytime Phone #

CR2E034 (12/95)