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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	# 33263¢
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(5)

1. Corporation Name

ALI'S PHARMACEUTICAL, CORP.

Principal Place	of Business	Mailing Address			
3825 W. FL MIAMI FL 3 US	· · · · · · · · · · · · · · · · · · ·	225 NW 57TH COU! MIAMI FL 33126 US	श		
••	·			<ol> <li>Date Incorporated or Qualified 07/18/1968</li> </ol>	3a. Date of Last Report 02/14/1995
	ice of Business	2a. Mailing Address	urch	4. FEI Number	Applied For
1		26 1069 SW	810	59-1218872	Not Applicable
Suite, Apt. ≢ Σ		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 M. 4m:	<i>t</i> (	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zig+ 4	Country <b>25</b>	29 3 3 144	30 USA		□ No
	9. Name and Address of Curre	nt Registered Agent	1 Name	10. Name and Address of New R	legistered Agent
DIA7 D	EDRO S				
	V 48 CT		2 Street Add	ress (P.O. Box Number is Not Acceptable 4 SW 85 CF.	le)
MIAMI			3	150 03 -	
***************************************			4 City		
			$\mathbf{I}$	igm i	FL 85 Zip Code 3 3 1/4
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statut	the the short named some	ration submits this statement for the pur ird of directors. I hereby accept the appo	
familiar wit	h, and accept the obligations of, Sec	tion 607,0505, Florida Statute	S.	ird of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE _					
	Systems: type a cripmater hand of registered ages	of and title if an, exable (N)	OTE: Flagede & La et signature require	od when reinstating)	DATE
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SIGNATURE:

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