FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 523114 (7)

1. Corporation Name
MEDIPHARMA, INC.

Principal Place of Business	Mailing Address
2001 SW 27TH AVENUE MIAMI FL 33145	2001 SW 27TH AVENUE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1977

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1712735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIBLESZ, GEORGE L
2828 CORAL WAY
SUITE 435
MIAMI FL 33145-3204

10. Name and Address of New Registered Agent

81 Name: GEORGE L. SIBLESZ
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2001 S.W. 27TH. AVENUE
84 City: MIAMI FL 85 Zip Code: 33145

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: Obedae D. Siblesz GEORGE L. SIBLESZ, VICE-PRES. MARCH 19,1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, ENRIQUE		1.2 NAME		
STREET ADDRESS	2850 S.W. 4TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIBLESZ,ANA M.		2.2 NAME		
STREET ADDRESS	1823 S.W. 18TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, CARLOS M.		3.2 NAME		
STREET ADDRESS	APARTADO 2903-100		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CO		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, MAGALI A.		4. 2 NAME		
STREET ADDRESS	APARTADO 2903-1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CO		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, GEORGE L.		5.2 NAME		
STREET ADDRESS	450 CALIGULA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, MARILYN E		6.2 NAME		
STREET ADDRESS	450 CALIGULA AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 if changed, or on an attachment with an address.

SIGNATURE: Obedae D. Siblesz GEORGE L SIBLESZ 3-19-98 (305) 858-7332