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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F24673

(8)

PHARMO-MEDICAL INTERNATIONAL, INC.

Principal Place of Business Mailing Address 9537 SUNSET DR MIAMI FL 33173 MIAMI FL 33173-3247									1 ************************************								
											3. Date Inco 04/09/19		r Qualified		ate of Last F 01/1996	Report	
2. Principal Place of Business					2a. Mailing Address						4. FEI Number 59-2128326					pplied For	
Suite, Apt. #, etc				26	Suite. Apt. #, etc.					2972 12	:0320				ot Applicable Additional		
22				27							Certificate	of Status	Desired			lequired	
City & State					City & State						B. Election C	ampaign F	inancing		\$5.00	May Be	
23				28							Trust Fund					to Fees	
Ζφ 24	24p		Country	20	2.ip		Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					s. 199.032	
	9, Name		Address of C		stered Age	ent	30	\top			10. Name and						
RO	IZ, JOSE							81	Name			·					
	7 SW 72N	D ST	•					82	Street	Addres	ss (P.O. Box Nu	ımber is N	ot Acceptat	ole)			
MIAMI, FL										TOO VIOLED TO TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO TH							
331	73							83									
								64	Cłty		 			FI	85 Zip	Code	
office or r	registered a	gent,	of Sections 60 or both, in the nd accept the	State of Flori	da Such d	change was a	authoriz	ed by	the cor	l corpo poratio	ration submits t n's board of dir	his statem ectors. I h	ent for the pereby acce	numose o	f changing oointment as	its registered s registered	
SIGNATURE	i i i ica i iiiicii 4	, iti i i i i i i i i i i i i i i i i i	no assept inc	obligations b	n, occion	007.0303, 110	MICIA OI	DIO!OC	,								
SIGNATURE	Signification types	do pri	nted name of registe	red agent and title	elf applicable	(NOT	E: Ragiste	red Age	nt signatur	e required	when reinstating)			DATE			
12.	[BX		OFFICER	S AND DIRE		Loriere	13				ADDITIONS	CHANGE	S TO OFFIC	CERS AN	DIRECTO		
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STREET ADDRESS			ATH TERR.				4.3		address								
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TITLE	}					DELETE	5.1	_		1	. 		To Linear		Change	Add:tion	
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TITLE					L.]-DELETE	6.1								L Change	Addition	
NAME								NAN									
STREET ADDRESS							63	STR	ADDRESS								

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify for the einformation indicated on this annual report or supplemental annual report is true and act am an officer or director of the corporation or the receiver or trustee empowered to exappears in Block 12 or Block 13 if changed for on an attachment with an address.

emption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the urate and that my signature shall have the same legal effect as if made under oath; that bute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 12 1997 8:00am

Secretary of State