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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004670 (5)**

1. Corporation Name

~~APHTON CORP.~~

APHTON CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 80 S.W. 8TH ST.<br>SUITE 2160<br>MIAMI FL 33130 | 80 S.W. 8TH ST.<br>SUITE 2160<br>MIAMI FL 33130 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: N/A

| | | | |
|---|---|---|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address: 444 BRICKELL AVENUE |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc.: SUITE 51-507 |
| 23 | City & State | 28 | City & State: MIAMI FLORIDA |
| 24 | Zip | 29 | Zip: 33131-2492 |
| 25 | Country | 30 | Country: USA |

4. FEI Number: 95-3640931 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WHITMORE, JENNETTE L<br>80 S.W. 8TH ST.<br>SUITE 2160<br>MIAMI FL 33130 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City: FL 85 Zip Code |

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GEVAS, PHILIP C | 12 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 13 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 14 CITY ST ZIP | |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BROOME, PAUL | 22 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 23 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 24 CITY ST ZIP | |
| TITLE | AS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | RUSSELL, SUE | 32 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 33 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 34 CITY ST ZIP | |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | JACOBS, FRED | 42 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 43 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 44 CITY ST ZIP | |
| TITLE | V | 51 TITLE | ☐ Change ☐ Addition |
| NAME | ASCIONE, RICHARD | 52 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 53 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 54 CITY ST ZIP | |
| TITLE | V | 61 TITLE | ☐ Change ☐ Addition |
| NAME | MICHAELI, DOV | 62 NAME | |
| STREET ADDRESS | 26 HARTER AVE. | 63 STREET ADDRESS | |
| CITY ST ZIP | WOODLAND CA 95776 | 64 CITY ST ZIP | |

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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)(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:** Philip C. Gevas 3-24-95 (305) 374-7338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-6-95

0124000 CP