

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006751 (9)

1. Corporation Name
PHARM CAP, INC.

Principal Place of Business
9050 PINES BLVD. SUITE 225
PEMBROKE PINES FL 33024

Mailing Address
9050 PINES BLVD. SUITE 225
PEMBROKE PINES FL 33024

FILED
97 JUL 22 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9050 PINES BLVD		26 9050 PINES BLVD		12/24/1996		N/A	
22 SUITE 255		27 SUITE 255		4. FEI Number		Applied For	
23 PEMBROKE PINES, FL		28 PEMBROKE PINES, FL		65-0711470		Not Applicable	
24 33024		29 33024		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name 500002246995--6			
				82 Street Address (P.O. Box Number is Not Permitted) 9050 PINES BLVD, SUITE 255			
				83 ****165.00 ****165.00			
				84 City FL			
				85 Zip Code			

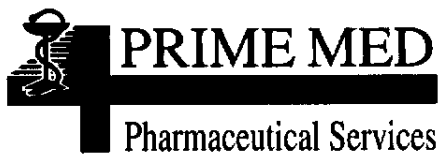
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (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	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDY, LEX	1.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	1.3 STREET ADDRESS	9050 PINES BLVD, SUITE 255
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, SUNJAY	2.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	2.3 STREET ADDRESS	9050 PINES BLVD, SUITE 255
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	
TITLE	CEOS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMBRO, DAVID W	3.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	3.3 STREET ADDRESS	9050 PINES BLVD, SUITE 255
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMBRO, DAVID W	4.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	4.3 STREET ADDRESS	9050 PINES BLVD, SUITE 255
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDY, PREM	5.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	5.3 STREET ADDRESS	9050 PINES BLVD, SUITE 255
CITY-ST-ZIP	PEMBROKE PINES FL 33024	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THAPAR, KIT	6.2 NAME	
STREET ADDRESS	9050 PINES BLVD, SUITE 225	6.3 STREET ADDRESS	VALBUENA, FIDEL
CITY-ST-ZIP	PEMBROKE PINES FL 33024	6.4 CITY-ST-ZIP	9050 PINES BLVD, SUITE 255 PEMBROKE PINES, FL 33024

14. I do 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.

CR2E034 (4/97)



2

July 15, 1997

Division of Corporations
Annual Reports Section
PO Box 6327
Tallahassee, FL 32302-6327

Dear Sir / Madam:

We are herewith submitting our Corporation Annual Report for 1997 along with our check for \$165.00.

The 2nd Notice of the 1997 Profit Corporation Annual Report packet was received in yesterday's mail.

However, we never received the original packet and upon close review of the documents received, I noticed that our address was incorrect. The correct suite number is 255, not 225.

When I called your department, I was advised to pay the original filing fee and the supplemental fee and to ignore the late fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Sunjay Kumar".

Sunjay Kumar
Vice President