


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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 25 AM 9:46

DOCUMENT # F98000000411  
1. Corporation Name  
Pharmed International Corp.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 3075 NW 107 Ave, Miami, FL 33172  
Mailing Address: 3075 NW 107 Ave, Miami, FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/23/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0717190	
24	Country	29	Country	5. Certificate of Status Desired	
				X	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				X Yes <input type="checkbox"/> No	

Applied For  
Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
Sanchez, Charles J.  
3075 NW 107 Ave  
Miami, FL 33172

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	400002752864--1
84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P.D. de Cespedes, Jorge L.
STREET ADDRESS		1.3 STREET ADDRESS	3075 NW 107 Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Perez, Bertin J.
STREET ADDRESS		2.3 STREET ADDRESS	3075 NW 107 Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Baldwin, William A.
STREET ADDRESS		3.3 STREET ADDRESS	3075 NW 107 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CEO, Chairman, D. de Cespedes, Carlos M.
STREET ADDRESS		4.3 STREET ADDRESS	3075 NW 107 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	S. Controller, D. Garcia, Leo
STREET ADDRESS		5.3 STREET ADDRESS	3075 NW 107 Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Asst. Secy, D. Sanchez, Charles J.
STREET ADDRESS		6.3 STREET ADDRESS	3075 NW 107 Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33172

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Charles J. Sanchez 01-25-99 (305) 592-2324

CR2E034 (11/98)