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Secretary of State
04-14-1999 90187 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # J87351 (9)

1. Corporation Name
EUROPHARMACEUTICAL CO.

Principal Place of Business	Mailing Address
3162 COMMODORE PLAZA SUITE 2A MIAMI FL 33133 US	3162 COMMODORE PLAZA SUITE 2A MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1987

4. FEI Number: 65-0047434 ☐ Applied For ☐ Not Applicable

5. Constitutional Statute Section ☑ $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

2. Principal Place of Business	2a. Mailing Address
21 7001 N. WATERWAY DR	26 7001 N. WATERWAY DR
Suite 22 104	Suite 27 104
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33155-2827 Country 25 USA	Zip 29 33155-2827 Country 30 USA

9. Name and Address of Current Registered Agent

LEWIS, LYNN B.
1101 BRICKELL AVE, STE 703 TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ANA M. RIVERO
82 Street Address (P.O. Box Number is Not Acceptable): 90 EDGEWATER DR #208
83
84 City: MIAMI FL 85 Zip Code: 33133

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: Ana Rivero APR 7. 1999
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPRUBI, JOSE 3162 COMMODORE PLAZA #2A MIAMI FL 33133	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 90. EDGEWATER DR. #208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KROLL, SANDRA 3162 COMMODORE PLAZA #2A MIAMI FL 33133	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☑ Change ☐ Addition S ANA M RIVERO 90 EDGEWATER DR #208 MIAMI FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: PRESIDENT APR. 7, 1999 305-267-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0186019

CR2E034 (10/97)