

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K09586** (4)
1. Corporation Name
UNIPHARM, INC.



Principal Place of Business Mailing Address
P.O. BOX 600178 NORTH MIAMI BEACH FL 33160 **P.O. BOX 600178 NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last Report 04/25/1995
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 65-0057158	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**LAMONT, NEIMAN & FEUERMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 fee, if applicable.

(NOTE: Registered Agent's signature required when re-statuting.)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD	NAME	POLLACK, ROBERT	STREET ADDRESS	2160 N.E. 191ST DRIVE	CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	STD	NAME	POLLACK, CAROL	STREET ADDRESS	2160 N.E. 191ST DRIVE	CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	VD	NAME	POLLACK, PETER	STREET ADDRESS	2160 N.E. 191ST DRIVE	CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE		21 TITLE		31 TITLE		41 TITLE		51 TITLE		61 TITLE	
12 NAME		22 NAME		32 NAME		42 NAME		52 NAME		62 NAME	
13 STREET ADDRESS		23 STREET ADDRESS		33 STREET ADDRESS		43 STREET ADDRESS		53 STREET ADDRESS		63 STREET ADDRESS	
14 CITY-ST-ZIP		24 CITY-ST-ZIP		34 CITY-ST-ZIP		44 CITY-ST-ZIP		54 CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (3/96)