

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

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K09586** (4)

1. Corporation Name  
**UNIPHARM, INC.**



Principal Place of Business <b>P.O. BOX 600178 NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>P.O. BOX 600178 NORTH MIAMI BEACH FL 33160-0178</b>
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3. Date Incorporated or Qualified <b>12/28/1987</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business 21 <b>352 N.E. 191<sup>ST</sup> ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 600178</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0057158</b>	Applied For Not Applicable
22 City & State <b>MIAMI FL</b>	27 City & State <b>N.M.B. FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33179</b>	25 Country <b>USA</b>	28 Zip <b>33160</b>	30 Country <b>USA</b>
24 <b>33179</b>		25 <b>USA</b>	

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>ROBERT M POLLACK</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>352 N.E. 191<sup>ST</sup> STREET</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33179</b>

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 **Robert M Pollack - ROBERT M POLLACK PRES** DATE **5/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POLLACK, ROBERT</b>		1.2 NAME	
STREET ADDRESS <b>2160 N.E. 191ST DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POLLACK, CAROL</b>		2.2 NAME	
STREET ADDRESS <b>2160 N.E. 191ST DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POLLACK, PETER</b>		3.2 NAME	
STREET ADDRESS <b>2160 N.E. 191ST DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Robert M Pollack - ROBERT M POLLACK** DATE **5/8/97** TELEPHONE **305-852-3499**

CR2E034 (9/96)