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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

L11318

TERRA INTERNATIONAL PHARMACEUTICALS, INC.

Principal Place of Business Mailing Address 770 LAWRENCE ST 5860 FRENCH PLUM LANE SAN LUIS OBISPO CA 93401 tama**rae** fl 33321-6334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0142472 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LITTMAN, ERIC P 1428 BRICELL AVENUE 82 reet Address (P.O. Box Number is Not Acceptable) 8<del>TH FLOOR</del>-83 MIAMLEL 33131 33/1 of Sections 607 0502 and 607, 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits this statement for the purpose of changing its registered or submits the submits the submits the submits the submits the purpose of changing its registered or submits the submits 11. Pursuant to the provisions of office or registered agent. I am familiar SIGNATURE (NOTE Registered Agent signature required when reinsta OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DILLION, CHRISTIAN M NAME 1.2 NAME 770 LAWRENCE ST STREET ADORESS 1.3 STREET ADDRESS SAN LUIS OBISPO CA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition REYNOLDS, CAROL NAME 2.2 NAME 770 LAWRENCE ST STREET ADDRESS 2.3 STREET ADDRESS **SAN LUIS OBISPO CA** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition NAME HANNON, LINDA 3.2 NAME 770 LAWRENCE ST STREET ADDRESS 3.3 STREET ADDRESS **SAN LUIS OBISPO CA** CITY-ST-ZIP 3.4. CITY - \$1 - 7/P DELETE TITLE 4.1 TITLE Change \_\_ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 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 suppliencental 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or an attachment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 City - St - ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP