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Jul 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000004425 (3)
 1. Corporation Name
VITAL INDUSTRIES, INC.

Principal Place of Business 8470 NW 61 STREET MIAMI FL 33166	Mailing Address 8470 NW 61 STREET MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1993	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number APPLIED FOR	
23 Zip	24 Country	28 Zip	29 Country	Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

DEL CID, OSCAR H
8470 NW 61 STREET
MIAMI FL 33166

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]* DATE: _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DEL CID, OSCAR H	1.2 NAME	
STREET ADDRESS	8470 NW 61 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

[Signature]
5000025944 15
-07/21/98--01092--007
*****150.00**

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: *[Signature]* DATE: **7/19/98**

CR2E034 (10/97)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0003

▶ **Keep a copy for your records.**

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) DNA PHARMACEUTICALS, INC.	
2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name OSCAR H. DEL CID
4a Mailing address (street address) (room, apt., or suite no.) 8470 N.W. 61STREET	5a Business address (if different from address on lines 4a and 4b) N/A
4b City, state, and ZIP code MIAMI, FL. 33166	5b City, state, and ZIP code
6 County and state where principal business is located MIAMI DADE - FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ OSCAR H. DEL CID AND CARLOS A. ALFARAS	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ CORPORATION	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Banking purpose (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ▶
	<input checked="" type="checkbox"/> Other (specify) ▶ DIV. OF CORPORATIONS

10 Date business started or acquired (Mo., day, year) (See instructions.) 1/20/93	11 Closing month of accounting year (See instructions.) REQUEST. JUNE
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶

Nonagricultural	Agricultural	Household
		5

14 Principal activity (See instructions.) ▶ **HOLDING COMPANY**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶ SUBSIDIARIES	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ CARLOS A. ALFARAS, VICE - PRESIDENT	Business telephone number (include area code) (305) 593-9898
	Fax telephone number (include area code) (305) 593-6525

Signature ▶  Date ▶ **April 14, 1998**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Req.	Ind.	Class	Size	Reason for applying