FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000043001 (5)

1. Corporate Name
PHARMALETT AMERICA, INC.

Principal Place of Business
215 SEMINOLE AVE
PALM BEACH FL 33480

Mailing Address
215 SEMINOLE AVE
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt # etc — 22:
Suite Apt # etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 65-0420227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has been, for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLATER, ROBERT W.
214 BRAZILIAN AVENUE
SUITE 221
PALM BEACH FL 33480

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	S ☑ Change ☐ Addition
NAME	JONES, DAVID	12 NAME	ANGela_moreno
STREET ADDRESS	215 SEMINOLE AVE	13 STREET ADDRESS	216 seminole AVE
CITY ST ZIP	PALM BEACH FL 33480	14 CITY ST ZIP	palm Beach, FL. 33480.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GJERLOV, MOGENS	22 NAME	
STREET ADDRESS	SAKSENBALLE #9	23 STREET ADDRESS	
CITY ST ZIP	NR BROBY 5672 BROBY, DENMARK	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KRISTENSEN, IVAN	32 NAME	
STREET ADDRESS	BOELSKILDE 34 7120	33 STREET ADDRESS	
CITY ST ZIP	VEJLE 0 DENMARK	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VERSCHOOR, JACOB	42 NAME	
STREET ADDRESS	MOLENIND 254847 CH TETERINGEN	43 STREET ADDRESS	
CITY ST ZIP	ROTTERDAM, HOLLAND	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(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: _____ April 30 1995 407-8[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276110 CP