

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043001 (5)

1. Corporation Name

PHARMALETT AMERICA, INC.



Principal Place of Business

215 SEMINOLE AVE
PALM BEACH FL 33480

Mailing Address

215 SEMINOLE AVE
PALM BEACH FL 33480

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

05/01/1995

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 liability for intangible tax under s. 193.032,
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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of new registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☒ DELETE
NAME	MORENO, ANGELA	
STREET ADDRESS	215 SEMINOLE AVE	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	GJERLOV, MOGENS	
STREET ADDRESS	SAKSENALLE #9	
CITY - ST - ZIP	NR BROBY 5672 BROBY, DENMARK	
TITLE	D	☐ DELETE
NAME	KRISTENSEN, IVAN	
STREET ADDRESS	BOELSKILDE 34,7120	
CITY - ST - ZIP	VEJLE 0 DENMARK	
TITLE	D	☐ DELETE
NAME	VERSCHOOR, JACOB	
STREET ADDRESS	MOLEND 234847 CH TETERINGEN	
CITY - ST - ZIP	ROTTERDAM, HOLLAND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(g), 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 a registered agent or authorized employee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-09-96
Date

561-659-6414
Daytime Phone #

CR2E034 (12/95)