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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33480-3734



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1993	3a. Date of Last Report 08/22/1996
21	Suite, Apt. #, etc.	26	214 BRAZILIAN AVE.	4. FEI Number 65-0420227	Applied For Not Applicable
22	City & State	27	221	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	PALM BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	33480	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SLATER, ROBERT W. 214 BRAZILIAN AVENUE SUITE 221 PALM BEACH FL 33480		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GJERLOV, MOGENS	12 NAME	
STREET ADDRESS	SAKSENBALLE #9	13 STREET ADDRESS	
CITY - ST - ZIP	NR BROBY 5672 BROBY, DENMARK	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTENSEN, IVAN	22 NAME	
STREET ADDRESS	BOELSKILDE 34 7120	23 STREET ADDRESS	
CITY - ST - ZIP	VEJLE 0 DENMARK	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERSCHOOR, JACOB	32 NAME	
STREET ADDRESS	MOLENIND 254847 CH TETERINGEN	33 STREET ADDRESS	
CITY - ST - ZIP	ROTTERDAM, HOLLAND	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 W. Slater 4/30/97 561 655 7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)