

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # P94000074630 (2)

1. Corporation Name

PHARMAGEN, INC.



Principal Place of Business

4101 INDIAN CREEK DRIVE SUITE 406
MIAMI BEACH FL 33140

Mailing Address

4101 INDIAN CREEK DRIVE SUITE 406
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 3100 Collins Ave.

2a. Mailing Address

26 3100 Collins Ave.

4. FEI Number

65-0526158

Applied For

Not Applicable

Suite, Apt. #, etc.

22 704

Suite, Apt. #, etc.

27 704

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33140

Country

25

Zip

29 33140

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZURITA, GONZALO JR
4101 INDIAN CREEK DRIVE SUITE 406
MIAMI BEACH FL 33140

81 Name

ZURITA, GONZALO JR

82 Street Address (P.O. Box Number Not Acceptable)

3100 COLLINS AVE.

83

SUITE 704

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-stating)

GONZALO ZURITA JR

4/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZURITA, GONZALO JR
STREET ADDRESS 4101 INDIAN CREEK DRIVE SUITE 406
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DV ☐ DELETE

NAME ALVAREZ-CRUZ, PATRICIA
STREET ADDRESS 4101 INDIAN CREEK DRIVE SUITE 406
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD ☐ Change ☐ Addition

1.2 NAME ZURITA, GONZALO JR
1.3 STREET ADDRESS 3100 COLLINS AVE. SUITE 704
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE DV ☐ Change ☐ Addition

2.2 NAME ALVAREZ-CRUZ, PATRICIA
2.3 STREET ADDRESS 3100 COLLINS AVE. SUITE 704
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

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)(k), 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/96

(305) 538-1188

CR2E034 (12/95)