

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:44

DOCUMENT # P94000077655 (6)

1. Corporation Name

AQUAMED PHARMACEUTICAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8525 S.W. 92 STREET SUITE D-17 MIAMI FL 33156	8525 S.W. 92 STREET SUITE D-17 MIAMI FL 33156

3. Date Incorporated or Qualified 10/21/1994	3a. Date of Last Report
4. FEI Number 65-0529000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has authority for filing this tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 10300 Sunset Drive	26 10300 Sunset Drive
Suite, Apt. #, etc 22 # 303	Suite, Apt. #, etc 27 # 303
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33173	Country 25 USA
Zip 29 33173	Country 30 USA

9. Name and Address of Current Registered Agent

SKLAR, RONALD
884 N.E. 78 STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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 installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, RONALD	1.2 NAME	
STREET ADDRESS	884 N.E. 78 ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33487	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, ALAN	2.2 NAME	
STREET ADDRESS	8525 S.W. 92 STREET, SUITE D-17	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33156	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, MORRIS	3.2 NAME	
STREET ADDRESS	10300 SUNSET DRIVE, SUITE 303	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33173	3.4 CITY, ST, ZIP	
TITLE		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		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		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	

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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 110.07(3)(b), 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 recorder or holder 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 modifications.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morham **4/26** **Jos. J. 896-9300**
Date (Type Name)