JUL-31-96 WED 04:16 PM 305 P.04

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

APPROVED AND FILED
1996 AUG 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # P95000011645

1. Corporation Name

RAIN FOREST PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
3400 Galt Ocean Drive Unit 1806 North Fort Lauderdale, FL 33308	3400 Galt Ocean Drive Unit 1806 North Fort Lauderdale, FL 33308

3. Date Incorporated or Qualified: Feb. 10, 1995
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0555788 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AmeriLawyer, Chartered
343 Almeria Avenue
Coral Gables, Florida 33134

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 AmeriLawyer, Chartered
By: Natalia Utrera
(Signature, typed or printed name of registered agent and title if applicable) (Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	Robert Edwards	
STREET ADDRESS	3400 Galt Ocean Drive, Unit 1806 N	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	SVD	☒ DELETE
NAME	Harold Peters	
STREET ADDRESS	3400 Galt Ocean Drive, Unit 1806 N	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
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	DIR	☐ Change ☒ Addition
1.2 NAME	Kevin J. Ruggiero	
1.3 STREET ADDRESS	458 Forest Avenue	
1.4 CITY-ST-ZIP	Lyndhurst, NJ 07071	
2.1 TITLE	DIR	☐ Change ☒ Addition
2.2 NAME	Robert B. Rotolo	
2.3 STREET ADDRESS	1801 Stech Drive	
2.4 CITY-ST-ZIP	Bridgewater, NJ 08807	
3.1 TITLE	DIR	☐ Change ☒ Addition
3.2 NAME	Dr. Judith Ann Volpe, M.D.	
3.3 STREET ADDRESS	106 Orlando Boulevard	
3.4 CITY-ST-ZIP	Toms River, NJ 08757	
4.1 TITLE	DIR	☐ Change ☒ Addition
4.2 NAME	Dr. Anna P. Alarid	
4.3 STREET ADDRESS	351 East 84th Street, Suite 4D	
4.4 CITY-ST-ZIP	New York, NY 10028	
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		

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: ______

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert Edwards, President

Date: 07/31/96

Daytime Phone #: 800-884-5573