FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 18 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 # **P95000011645 (5)**

1. Corporation Name
RAIN FOREST PHARMACEUTICALS, INC.
RAIN FOREST PHARMACEUTICAL
1173 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

RAIN FOREST PHARMACEUTICAL
1173 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

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 33308-7025

3. Date Incorporated or Qualified: 02/10/1995
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
RAIN FOREST PHARMACEUTICAL
1173 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)
RAIN FOREST PHARMACEUTICAL
1173 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

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
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Robt Edwards
82 Street Address (P.O. Box Not Acceptable): RAIN FOREST PHARMACEUTICAL 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062
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: Robert Edwards Pres & Sec — 6/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mailing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD-P-S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, ROBERT		1.2 NAME		
STREET ADDRESS	3400 GALT OCEAN DRIVE, #1806 NORTH		1.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	RUGGIERO, KEVIN J		2.2 NAME		
STREET ADDRESS	3400 GALT OCEAN DRIVE, #1806 NORTH		2.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROTOLO, ROBERT B		3.2 NAME		
STREET ADDRESS	3400 GALT OCEAN DRIVE, #1806 NORTH		3.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VOLPE, JUDITH ANN M.D.		4.2 NAME		
STREET ADDRESS	3400 GALT OCEAN DRIVE, #1806 NORTH		4.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ALARID, ANNA P DR.		5.2 NAME		
STREET ADDRESS	3400 GALT OCEAN DRIVE, #1806 NORTH		5.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		5.4 CITY-ST-ZIP		
TITLE	President Sec	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT EDWARDS		6.2 NAME		
STREET ADDRESS	1173 HILLSBORO MILE		6.3 STREET ADDRESS	ROBERT EDWARDS 1173 HILLSBORO MILE HILLSBORO BEACH, FL 33062	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 Edwards — 6/12/97 — 954-570-9400