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

PROFIT **CORPORATION** ANNUAL REPORT

Principal Place of Business

DEERFIELD BEACH FL 33442



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

3001 DEER CREEK COUNTRY CLUB BLVD.

DEERFIELD BEACH FL 33442

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/86 (954) 419-9300

_	1996	
-		

3001 DEER CREEK COUNTRY CLUB BLVD.

appears in Block 12 or Bldck 13 if changed

SIGNATURE:

P95000018111 (1)

Mailing Address

DOCUMENT # 1. Corporation Name SIGMA PHARMACEUTICAL CORPORATION

							-	3. Date Incorporated or Q 03/06/1995	Jualified	3a. Date of	Last R	eport	
2. Principal Place of Business				2a. Malling Address				4. FEI Number	21		- ⊢ +	Applied For	
21		26	26				65-0561081				Not Applicable		
Suite, Apt. #, etc.		27					1 Controlled of Status Desired 1 1				Additional Required		
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip		Country	-	Zip	Country	•		8. This corporation has lia			under s	199.032,	
24 25 29 9. Name and Address of Current Registered Agent				arad Asset	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name	BIIO Address of Cur	rent Regist	erea Agent	81	Name		10. Name and Address o	I New R	egistered Ag	ent		
KHYAAY	MI CAVEC	:n											
KHAYYAMI, SAYEED 3001 DEER CREEK COUNTY CLUB BLVD. 82 Street Addre							Address	(P.O. Box Number is Not A	Acceptabl	e)			
DEERFIE	LD BEACH	H FL 33442			83								
					84	' '			 -	- FL∣	- '	Code	
or register€	ed agent, or	ons of Sections 607.0: both, in the State of F pt the obligations of, S	lorida. Such	change was authorize	s, the above- d by the corp	named co oration's l	rporatio board c	on submits this statement for forectors. I hereby accept	r the purp the appo	oose of chang entment as reg	jing its r gistered	egistered office agent. I am	
SIGNATURE _				,									
12.	Signature, typed i	or printed name of registered a	gent and tite if a AND DIREC		E: Registered Age	it signature re	Spired wh	en renstating! ADDITIONS/CHANGES	10.000	DATE CEDS AND D	IDECTO	DC IN 12	
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CITY-ST-ZIP	portific the t	the information access	المامانية المام	The level - t- 7 f .	6 4 CITY - S	r - zir		··					
certify that oath; that I	the informat am an office	ine information supplied ion indicated on this a er or director of the co	ed with this t npal report propation or	iirig is voluntarily furfils or supplemental annu the receiver or trustee	sned and doe al report is tru empowered:	s not qual le and acc to execute	illy for th curate a e this re	ie exemption stated in Sect and that my signature shall h port as required by Chapter	tion 119.0 nave the s r 607, Flo	ਮ(ਤ)(k), Florida same legal effe rida Statutes;	a Statuti act as if and tha	es. I further made under it miy name	