2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000033116 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** ZENITH GOLDLINE PHARMACEUTICALS, INC. 02-29-2000 90130 013 ***150.00 Principal Place of Business Mailing Address 4400 BISCAYNE BLVD 4400 BISCAYNE BLVD MIAMI FL 33137 MIAMI FL 33137-3212 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0612572 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILLESPIE, CAROL J Street Address (P.O. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD MIAMI FL 33137 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEOD Change ☐ Addition TITLE Delete HENEIN, RAFICK G P NAME SEE ATTACHED LIST 4400 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE MITTLEBERG, ERIC M NAME NAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F Delete TITLE HANSON, JOHN NAME NAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP Change Addition ☐ Delete TITLE WEST, KIM NAME 4400 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEIER, THOMAS E NAME NAME 4400 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE FLANZRAICH, NEIL NAME NAME 4400 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if with all other like empowered.

CITY-ST-7IP

1999 FLORIDA CORPORATION ANNUAL REPORT ZENITH GOLDLINE PHARMACEUTICALS, INC. Question 13

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