

P95000037069

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ALPHA PHARMACEUTICALS, INC
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

RIAZ AHAMED

Name

Address

City, State, & Zip

(305) 597-1599
Telephone Number

7218 SW 149th COURT

MIAMI, FL 33193

3000001480103
-05/09/95--01025--002
****122.50 ****122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
5/10
5:11 PM
MAY - 8

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

OF

ALPHA PHARMACEUTICALS, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALPHA PHARMACEUTICALS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2315 NW 107th Avenue, Suite 1M-30, Box 37
MIAMI, FL 33172

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000) SHARES OF COMMON STOCK
HAVING PAR VALUE OF ONE DOLLAR (\$1.00) EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

RIAZ AHAMED
7218 SW 149th COURT
MIAMI, FL 33193

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 11 - 8 PM 3:11

ARTICLE V INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RIAZ AHAMED
7218 SW 149th COURT
MIAMI, FL 33193

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY -8 PM 3:11

The undersigned has(have) executed these Articles of Incorporation this

FIFTH day of MAY 19 95.

 / PRESIDENT

Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: ALPHA PHARMACEUTICALS, INC

2. The name and address of the registered agent and office is:

RIAZ AHAMED

(NAME)

7218 SW 149th COURT

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33193

(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 8 PM 3:11

SIGNATURE 

(corporate officer)

TITLE PRESIDENT

DATE MAY 5, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE MAY 5, 1995

REGISTERED AGENT FILING FEE: \$35.00

ROTH, MILNE & ROUSSO

ATTORNEYS AT LAW

9380 SOUTH DIXIE HIGHWAY

PENTHOUSE 2

MIAMI, FLORIDA 33186

TELEPHONE: (305) 670-0994

FAX: (305) 670-0946

LEONARDO A. ROTH
ROBERT A. MILNE*
MARK E. ROUSSO

MARIE KATZMAN
MICHAEL R. LAINK

*BARRISTER ENGLAND AND WALES
ATTORNEY FLORIDA

NORTH DASH OFFICE

2875 NE 191 ST.

PH 3A

AVENUE, FLORIDA 33180

TELEPHONE: (305) 466-0022

(305) 466-0000

REPLY TO: MIAMI

P95000037069
May 2 1997

Division of Corporation
Annual Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Alpha Pharmaceuticals, Inc.

CF. 25

100002187311--1
-05/21/97--01122--013
*****35.00 *****35.00

Dear Sir/ Madam:

Enclosed please find an Affidavit of Resignation of Officer and/or Director for the above named corporation, along with a check in the sum of \$ 35.00 to cover the fee for filing same.

Also enclosed please find a return envelope, for your convenience, to forward a receipt of same.

If you have any questions, please call this office.

Very Truly Yours,

ROTH, MILNE & ROUSSO

Leonardo A. Roth

LEONARDO A. ROTH

LAR:er

Encl.

FILED
97 MAY 15 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

97 MAY 15 AM 8:14

DIVISION OF CORPORATIONS

Officer / Director
Resign.
5/20/97

FILED
97 MAY 15 PM 2:35
TALLAHASSEE, FLORIDA

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA)

SS

COUNTY OF DADE)

I, Carmen Solis, after being duly sworn, do depose and state that to the best of my knowledge, information and belief, and under penalties of perjury, the following is true and correct:

I, Carmen Solis, herein resign as an officer and/or director of ALPHA PHARMACEUTICALS, INC., a Florida Corporation.

That the corporation has been notified in writing of the resignation.

Carmen Solis
Carmen Solis

The foregoing instrument was acknowledged before me May 2, 1997, Carmen Solis, who is personally known to me or who has produced Florida Drivers License as identification and who did not take an oath.

(SEAL)

Leonardo A. Roth
(signature) NOTARY PUBLIC, State of Florida

Commission Number: _____

corp\resign.del

(Name of Notary Public or stamped)



LEONARDO A. ROTH
COMMISSION # CC596373

BONDED THROUGH
ATLANTIC BONDING CO., INC.