FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065652 (6)

PHARMA 2000 DYNAMIC TRADE, INC.

Principal Place of Business Mailing Address				T TORKINGS FIR TOLON RIVEN BOTH EDITH BRILL COLLEGE FIRM THIS BILL	i Bjaid bigt andi		
2355 SALZEDO STREET				DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualified			
2. Principal Place of Business 2e. Mailing Address				08/24/1995 4. FEI Number	Applied For		
21 26				65-0605247	Not Applicable		
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5 Additional		
22 27				Fee	Required		
City & State City & State 28						00 May Be led to Fees	
		Country	,	8. This corporation owes or has paid the current year Intangible			
24 25 29 30 9, Name and Address of Current Registered Agent			—	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
				Name	to, Name and Accress of New Registered Agent		
IZQUIERDO, NICOLAS D 2660 S.W. 37TH AVENUE							
MIAMI FL 33133			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
MINAN 1 E 00 100			83				
			84	City	 85 Z	Zip Code	
			04	City	FL °° *	.ip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporalise registered agent, or both, in the State of Florida, Such change was authorized by the corporation 				rporation submits this statement for the purpose of changin ation's board of directors. I hereby accept the appointment	g its registered as registered		
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE SIGNATURE typed of printer	d name of registered agent and title if applical	ole. (NOTE: Reg	islered Age	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE PID		DELETE	1.1 TITLE		Chan	ge Addition	
The second of th			1.2 NAME				
the second of th			1.3 STREET				
CITY-ST-ZIP MIAMI FL			1.4 CITY-S	T-ZIP	Chani	ge Addition	
TITLE VSD	ADGE I	_	2.1 TITLE 2.2 NAME	ł	C table	te Montion	
La			2.2 MAME 2.3 STREET	ADDRESS			
[V] the prote			2. 4 City-5				
			3.1 TITLE	J. I.	Chan	ge Addition	
NAME 3.2 N			3.2 NAME				
STREET ADDRESS 3.3 ST			3.3 STREET	ADDRESS			
			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		L Chang	ge 🔲 Addition	
			4. 2 NAME				
			4.3 STREET	ì			
CITY-ST-ZIP TITLE			4.4 CITY - S 5.1 TITLE	iT-ZIP	☐ Chan	ge Addition	
NAME		_	5.2 NAME		Cital	in Francial	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-S1-ZIP			5.4 CITY-S				
TITLE			6.1 TITLE		☐ Chang	ge	
NAME		1	6.2 NAME				
STREET ADDRESS 6.3 STREET				ADDRESS			
1 !				1			

14. 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 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.