FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000083628 (4)

1. Corporation Name

A.M.G. INTERNATIONAL PHARMACEUTIC, CORP.

Principal Place of Business
7501 TREASURE DRIVE #4T
EAST NORTH BAY VILLAGE DR.
MIAMI BEACH FL 33141

Mailing Address
7501 TREASURE DRIVE #4T
EAST NORTH BAY VILLAGE DR.
MIAMI BEACH FL 33141

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/01/1995
3a. Date of Last Report:
4. FEI Number: 65-0685681 ☐ 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

GALLEGO, ANA M
7501 TREASURE DRIVE #4T
EAST NORTH BAY VILLAGE DR.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: [signature] Ana Gallego 4-30-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	GALLEGO, ANA M	
STREET ADDRESS	7501 TREASURE DRIVE #4T	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VSD	☐ DELETE
NAME	OLAYA, SANDRA P	
STREET ADDRESS	7501 TREASURE DRIVE #4T	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	OLAYA, SANDRA P	
2.3 STREET ADDRESS	7501 TREASURE DRIVE #4T	
2.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33141	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	SHELLY KALICHMAN	
3.3 STREET ADDRESS	3215 NORTH 36TH AVENUE	
3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	300001927663 -08/20/96--01169--037 ***25.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	400001927664 -08/20/96--01169--038 ***200.00	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] President Ana Gallego 4-30-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)