SECOND NOTICE:	CORPORATION WIL	L BE DISSOLVED	ON OR AFTER S	SEPTEMBER 15, 1999.
AMOUNT DUE ON O	R REFORE 09/15/99: \$550	(IF DISSOLVED, MINU	HUM AMOUNT DUE TO	REINSTATE: \$7501

PROFIT ,, CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000038384**

CITI PHARMACEUTICALS, INC.

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90027 002 ***150.00

	,	U			
Principal Place of Business	Mailing Address			10111 0101 1001	
7308 SW 48ST	7308 SW 48 ST 7341	SW 4857=	4270 7		
Miami FL 33155 US	MIAMI FL 33155 US	Sw 48 st =1 11 F(33)	55 DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 04/29/1996		
2. Principal Place of Business	2a. Mailing Address		I	oplied For	
21	26		65-0664151 No	ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		i 5 Certificate of Status Desired 1 (Additional equired	
City & State	City & State		1 1 1	May Be to Fees	
Zip Country 25	Zip C 29 30	ountry	8. This corporation owes the current year Intangible Personal Property. Yes] No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MANUEL, FRIAS J		81 Name			
3158 S.W. 24 ST					
MIAMI FL 33145		83			
	•	84 City	FL 85 Zip	Code	
office or registered agent, or both, in the	7.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authori obligations of, section 607.0505, Florida S	zed by the corporatio	ation submits this statement for the purpose of changing its re n's board of directors. I hereby accept the appointment as re	gistered gistered	
SIGNATURE					

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE SD 1.1 TITLE Change Addition _) DELETE FRIAS, JOSE M VAME 1.2 NAME 3158 S.W. 24 ST 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33145** CITY-ST-ZIP 1.4 CITY-ST-ZIP TILE DELETE 2.1 TITLE Change Addition IAME 2.2 NAME TREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ITY-ST-ZIP TLE 3.1 TITLE DELETE ___ Change ___ Addition 3.2 NAME **AME** TREET ADDRESS 3.3 STREET ADDRESS TY-ST-ZIP 3.4 CITY-ST-ZIP TLE 4.1 TITLE Change DELETE _ Addition 4,2 NAME ME 4.3 STREET ADDRESS REET ADDRESS 4.4 CITY-ST-ZIP Y-ST-ZIP DELETE 5.1 TITLE ۱E Change Addition VΕ 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP Æ DELETE 6.1 TITLE Change Addition ΊE 6.2 NAME EET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

GNATURE:

SIGNATURE NECUREE
IGNATURE AND TOP OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10/00 (20 5) 615 - 61 Daytime Phone #

FAX: (305) 665-5229

Facsimile

From:

Date: July 19, 1999

Re: Corporation Anna Rest

As per our conversion today, please find another maney order for \$150. to cover the filing for for Citi Pharmacenticals, Ira. Document # P96000038384 Il logh water true now rates param lancino all however we cannot becate a copy of it. Please accept · replacement.

Succepy