

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000039977 (9)

1. Corporation Name
DIAMOND PHARMACEUTICAL, INC.



Principal Place of Business

300 NW 82ND AVE #506
PLANTATION FL 33324

Mailing Address

300 NW 82ND AVE #506
PLANTATION FL 33324-1883

3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 11372 STATE RD 84

Suite, Apt. #, etc.

22

City & State
23 DAVIE FL

Zip
24 33325

Country
25

2a. Mailing Address

26 11372 STATE RD 84

Suite, Apt. #, etc.

27

City & State
28 DAVIE FL

Zip
29 33325

Country
30

4. FFI Number

65-0679535

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

GUTTA, FRANK A
300 NW 82ND AVE #506
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

MUSTAFA SALEH

82 Street Address (P.O. Box Number is Not Acceptable)

11372 STATE RD 84

83

84 City

DAVIE

FL

85 Zip Code
33325

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

Mustafa Saleh

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SALEH, MUSTAFA
300 NW 82ND AVE #506
PLANTATION FL 33324 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BEHARRY, MOHAMED
300 NW 82ND AVE #506
PLANTATION FL 33324 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GUTTA, FRANK A
300 NW 82ND AVE #506
PLANTATION FL 33324 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

11372 STATE RD 84

DAVIE FL 33325

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

~~11372 STATE RD 84~~

~~DAVIE FL 33325~~

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14 I do 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.

SIGNATURE:

Mustafa Saleh

11-29-97

333-2323

CR2E034 (9/96)