

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
 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

2. Principal Place of Business: **21 11372 STATE RD 84**
 Suite, Apt. #, etc.
 City & State: **23 DAVIE FL**
 Zip: **24 33325** Country: **25**
 2a. Mailing Address: **26 11372 STATE RD 84**
 Suite, Apt. #, etc.
 City & State: **28 DAVIE FL**
 Zip: **29 3325** Country: **30**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	SALEH, MUSTAFA	
STREET ADDRESS	300 NW 82ND AVE #506	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	BEAHRY, MOHAMED	
STREET ADDRESS	300 NW 82ND AVE #506	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	GUTTA, FRANK A	
STREET ADDRESS	300 NW 82ND AVE #506	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	11372 STATE RD 84		
1.4 CITY-ST-ZIP	DAVIE FL 33325		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	11372 STATE RD 84		
2.4 CITY-ST-ZIP	DAVIE FL 33325		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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* DATE: **5/14/97**

CR2E034 (9/96)