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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086216 (4)

GENERIC PHARMA, INC.

Mailing Address Principal Place of Business

**FILED** Jun 09 1997 8:00am Secretary of State



20885 NW 9 ( MIAMI FL \$31		20885 NW # COURT MIAMI FD 33169-6830			
		ι		3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report
2. Principal Place of Business 28. Mailing Addge			1116 ax	4. FE Number 6611	Applied For
Sulte, Apt.	# etc	26 Y-U DOX ( Suite, Apt #, etc.	611690	65 0300161	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State 28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζiβ 24	Country 25		Country 00 USA		Yes No
- <u>- 4</u>	9, Name and Address of Cur	rent Registered Agent '	81 Name	10. Name and Address of New Reg	Istered Agent
	NATTY, CHANTEL		81 Name		
20885 NW 9 COURT MIAMI FL 33169			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
			83		
			84 City		7.0.4
					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, typed or printed name of registered	agont and little if applicable (NOTE	Registereo Agent signatura requ	ired when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TILLE		Change Addition
NAME	BANATTY, CHANTEL		1.2 NAME		
STREET ADDRESS	20885 NW 9 COURT MIAMI FL 33169		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIMMI FL 93109	DELETE	1.4 CITY - ST - 7IP		D.O
NAME		C) bittelt	2.1 TITLE 2.2 NAME		L. Change L. Addition
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C/TY+ST-7/P		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		·	4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		.DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T Strette	5.4 CHY-S1-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			8.3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-ST-ZIP		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 of changed, or on an abstraction with an address.