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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086216 (4)

GENERIC PHARMA, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											• • • • • • • • • • • • • • • • • • • •
20885 NW 9 COURT MIAMI FL 33169				P.O. BOX 611690 N Miami FL 33261 US				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 10/18/1996	•		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For		
21				26				65-0366161	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required		
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Zip Country			Zip Country			,	8. This corporation owes or has paid the current year Intangible			
24	25		29	<u> </u>			Personal Property Tax due June 30. Yes No				
		ind Address o	Current Reg	istered Agent		-		10. Name and Address of New Registr	ered Agent		
	NATTY, CHA					81	Name				
20885 NW 9 COURT MIAMI FL 33169				82 Street			Street Ad	ddress (P.O. Box Number is Not Acceptable)			
						83					
						84	City		FL 85	Zip C	code
11. Pursuant office or r agent. I a SIGNATURE								orporation submits this statement for the purpor eration's board of directors. I hereby accept the	ose of change appointme	ing its	registered registered
						Registered Agent signature req		ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12
12. TITLE	PSTD	OFFIC	(NO MIND DITE	DELE		ITLE		ABDITIONO/OFFAIGLE TO STITULE	Ch		Addition
NAME		, CHANTEL		_		IAME					
STREET ADDRESS		W 9 COURT					ADDRESS				
CITY-ST-ZIP	MIAMI FL						ST- 2IP				
TITLE				DELE		ITLE			Ch	ange	☐ Addition
NAME					2.21	NAME					
STREET ADDRESS	Ì				2.3 5	TREET	ADDRESS				
CITY-ST-ZIP					2.4	CITY-	ST-ZIP				
TITLE				☐ DELE	TE 3.1	ITLE			Ch	ange	Addition
NAME					3.21	MAME					
STREET ADDRESS	l				3.3	STREET	ADDRESS				
CITY-ST-ZIP	l				3.4.	CITY-	ST-ZIP				
TITLE	Ĭ			DELE	TE 4.11	IITLE			L. Ch	ange	Addition
NAME					4.2	NAME	1				
STREET ADDRESS					4.3	STREET	ADDRESS				
CITY-ST-ZIP							ST - ZIP				1.122
TITLE				☐ DELE		TITLE			☐ Ch	ange	Addition
NAME						NAME					
STREET ADDRESS							F ADDRESS				
CITY-ST-ZIP	ļ			T pers			ST-ZIP				Addition
TITLE				☐ DELE		TITLE			∐ Ch	arige	Addition
NAME					•	NAME]				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP			0_0_0_0	- 4.1			ST-ZIP	Lin Section 119 07/3Vi) Florida Statutes I furth	or portific th	at the	information

the buy certify that the information supplied with this riving 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 my address.

305-895-4400