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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000009353 (8)

1. Corporation Name

AMERICAN PHARMACEUTICAL CORPORATION

Principal Place of Business

8390 N.W. 53RD STREET, SUITE 105
MIAMI FL 33166

Mailing Address

8390 N.W. 53RD STREET, SUITE 105
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0817889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GAULKIN, JOEL M ESQUIRE
4627 PONCE DE LEON BLVD., 2ND FLOOR
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CANELA, HERIBETO
STREET ADDRESS 8390 N.W. 53RD STREET, SUITE 105
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE VSD
NAME ZABIELINSKY, STEVE
STREET ADDRESS 8390 N.W. 53RD STREET, SUITE 105
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE TD
NAME BERTEMATI, TERESA
STREET ADDRESS 8390 N.W. 53RD STREET, SUITE 105
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D
NAME IZQUIERDO, ANNCECILLE
STREET ADDRESS 8390 N.W. 53RD STREET, SUITE 105
CITY-ST-ZIP MIAMI FL 33166 ☐ 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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME IZQUIERDO, MARIA R.
4.3 STREET ADDRESS 8390 NW 53 ST #105
4.4 CITY-ST-ZIP MIAMI FL 33166

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

CB&L

428-98

305-10-1173

CR2E034 (10/97)