

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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90014 029 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009353

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 201	26 Suite, Apt. #, etc. 27 201
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified 01/27/1997	Applied For Not Applicable
4. FEI Number 65-0817889	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANELA, HERIBERTO	
STREET ADDRESS	8390 N.W. 53RD STREET, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ZABIELINSKY, STEVE	
STREET ADDRESS	8390 N.W. 53RD STREET, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERTEMATI, TERESA	
STREET ADDRESS	8390 N.W. 53RD STREET, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISQUIERDO, MARIA R	
STREET ADDRESS	8390 N.W. 53RD STREET, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Heriberto Canela
1.3 STREET ADDRESS	8390 NW R3ST # 201
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8390 NW R3 ST # 201
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8390 NW R3 ST # 201
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IZQUIERDO, MARIA R.
4.3 STREET ADDRESS	8390 NW R3 ST # 201
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Date _____ Daytime Phone # **305-97-1673**

CR2E034 (11/98)