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 #

P97000036955 (7)

PEREMANS, INC.

FILED Apr 17 1998 8:00am Secretary of State



Paratra Pharma Pharma		_{
Principal Place of Business Mailing Address		
212 FRANKLIN BLVD. 212 FRANKLIN BLVD.		
ST GEORGE ISLAND FL 32328 ST GEORGE ISLAND	FL 32328	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified
		04/24/1997
2. Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For
21 119 FRANKLIN BLVD 26 119 1	FRANKLIN BW	9 59 - 350 (51.38) Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.		S8 75 Additional
27		5. Certificate of Status Desired Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May Be
23 ST. GEORGE ISLAND, FL 28 ST. GEOR	OF ISLAND, FR	Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
24 32328 25 USA 29 32328	30 USVA	Personal Property Tax due June 30. Wes X No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
MONOD, OLIVIER	81 Name	ucimetiere-monod, olivier
212 Franklin BLVD.	82 Street Addre	ess (P.O. Box Number is Not Acceptable) FRANKLIN BLUD
ST GEORGE ISLAND FL 32328		9 FRANKLIN BLUD
-	83	
_	84 City <	B5 Zip Code
		TO CHORGE ISLAND FL 1 32328
11. Pursuant to the provisions of Sections 997 0502 and 807 1508, Florida Sta office or registered agent, or both, in the State of Morida. Such change we agent. I am familiar with, and accept the obligations of, Section 607 0505,	tutes, the above named corpo	oration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Morida. Such change was agent. Lam familiar with, and accept the obligations of Section 607.0505.	as authorized by the corporate Florida Statutes.	on's board of directors. I hereby accept the appointment as registered
	DUCCHETICRE-1	MANOD 2/8/98
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (N	NOTE: Registered Agent signature require	ed when reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE		CDTS Change Addition
NAME MONOD, OLIVIER	1.2 NAME DL	SCHETIERE - MONOD, OLIVIEL B FRANKLIN BLVD
STREET ADDRESS 212 FRANKLIN BLVD.	1.3 STREET ADDRESS 1	g Franklin blvg
CITY-ST-ZIP 8T GEORGE ISLAND FL 32328	1.4 CITY-ST-ZIP 55	T. GEORGE ISLAND, FL 32328
TITLE DELETE	2.1 TITLE	Change Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	Change Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY-ST-ZIP	
TITLE DELETE	4.1 TITLE	, Change Addition
NAME .	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE DELETE	5.1 TITLE	Change Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 S REET ADDRESS	
CITY-ST-ZIP	5.4 C/TY-ST-ZIP	<u> </u>
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualif	y for the exemption stated in S	Section 119.07(3)(i), Fiorida Statutes. I further certify that the information

In Thereby certify that the information, supplied with this filling does not qualify for the exemption stated in Section 179.07(3)(f). 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 by 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 organ attachment with an address.

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DUCINETIERE MONO

2/8/98

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