

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90059 018 ***150.00

DOCUMENT # P97000048072

1. Corporation Name

VITALITY PHARMACEUTICALS CORP.

Principal Place of Business

1790 CORAL WAY #310
MIAMI, FL 33145

Mailing Address

1790 CORAL WAY, #310
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/30/1997

4. FEI Number

65-0755700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2050 Coral Way

Suite, Apt. #, etc.

22 507

City & State

23 MIAMI, FL

Zip Country

24 33145

25 U.S.

2a. Mailing Address

26 2050 Coral Way

Suite, Apt. #, etc.

27 507

City & State

28 MIAMI, FL

Zip Country

29 33145

30 US

9. Name and Address of Current Registered Agent

MISHCON, ADAM C
2569 TIGERTAIL AVENUE
COCONUT GROVE FL 33133

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 D ROSEBAUM, JERRY ☒ DELETE

NAME

STREET ADDRESS 5901 SW 14TH STREET

CITY-ST-ZIP MIAMI, FL 33156

TITLE D ☐ DELETE

NAME MISHCON, ADAM

STREET ADDRESS 2569 TIGERTAIL AVE

CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D ☐ DELETE

NAME WEISSMAN, DONALD

STREET ADDRESS 1432 S. BEVERLY DR

CITY-ST-ZIP LOS ANGELES, CA 90035

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

4/30/99

305 285 9702