

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 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 # P97000058852 (9)

1. Corporation Name
INTERPHARM, INC.



Principal Place of Business
5745 S. UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address
5745 S. UNIVERSITY DRIVE
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

2. Principal Place of Business

2a. Mailing Address

21 2230 SW 70th AVE

26 2230 SW 70th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 9

27 # 9

City & State

City & State

23 DAVIE, FL

28 DAVIE, FL

Zip

Country

Zip

Country

24 33317

25 USA

29 33317

30 USA

4. FEI Number

65-0775692

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UDELL, MICHAEL B ESQUIRE
5745 S. UNIVERSITY DRIVE
DAVIE FL 33328

81 Name

PAUL GOLDMAN

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

2230 SW 70th AVE

83

9

84 City

DAVIE

FL

85 Zip Code

33317

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 *Paul Goldman*
Signature, typed or printed name of registered agent and title if applicable

PAUL GOLDMAN

(NOTE: Registered Agent signature required when reinstating)

6/30/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GOLDMAN, PAUL
STREET ADDRESS 5745 S. UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33328 ☐ DELETE

1.1 TITLE PSD
1.2 NAME PAUL GOLDMAN
1.3 STREET ADDRESS 2230 SW 70th AVE #9
1.4 CITY-ST-ZIP DAVIE, FL 33317 ☒ Change ☐ Addition

TITLE SD
NAME RAMBRO, DAVID
STREET ADDRESS 5745 S. UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33328 ☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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: *Paul Goldman* PAUL GOLDMAN

6/30/98 954-425-1386

CR2E034 (5/98)