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 #
1. Corporation Name P97000062246 (8)

EAST-WEST PHARMACEUTICALS, INC.

FILED May 07 1998 8:00am Secretary of State



					A
Principal Place of Business Mailing Address				101	
4421 N.E. 25TH AVENUE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308					
				DO NOT WIDITE IN THIS COACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				07/17/1997	
2. Principal Place of Business 21 YYW NE WITH AUF	2a. Mailing Address			4. FEI Number Applied I	For
	26			65-08022/J Not Appl	icable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State 21 Pt. Louderdale FC	City & State			6. Election Campaign Financing \$5.00 May E	ie
201	28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	
2ip 3 3 3 0 8 Country 25	Zip	Coul	ntry	8. This corporation owes or has paid the current year Intangible	3
9, Name and Address of Current	29 Registered Agent	[30]		Personal Property Tax due June 30. Yes 70. 10, Name and Address of New Registered Agent	
FIRESTONE, DODEE ESQ.			81 Name	10, Halle dila vicalità di Pinto di Pin	-
4421 N.E. 25TH AVENUE		ļ			
FT LAUDERDALE FL 33308		1		Address (P.O. Box Number is Not Acceptable)	
		İ	B3		
		Ī	84 City	FL 85 Zip Code	\neg
11. Pursuant to the provisions of Sections 607.0502	and 607,1508, Florida Statul	tes, the ab	ove-named	corporation submits this statement for the purpose of changing its regist	tered
agent, I am familiar with, and accept the obligati	ons of, Section 607.0505, FI	orida Statu	des.	poration's board of directors. I hereby accept the appointment as registe	"BU
SIGNATURE T	spup		·—-	2-10-98	
Signature, typing of profits frame of registered agent 12. OFFICERS AND		E Registered	Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE Stade + C	DELETE	1.1 1/1	T T		ddition
TITLE NAME STREET ADDRESS CITY-SI-ZIP STEPPHEN FINOSTONIA STREET ADDRESS CITY-SI-ZIP Ff. Laudendele	yes -	1,2 NA		_ onango	50.0017
STREET ADDRESS YYU NE LIZE A	te.		REET ADDRESS		
CITY-ST-ZIP Ft. Laudendole	P/ 33308		Y-ST-ZIP		
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CITY-ST-ZIP		4.4 CIT	Y-ST-ZIP		
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NAME		5.2 NAI	AE .		
STREET ADDRESS		5.3 STR	EET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		
TITLE	☐ DELETE	6.1 T (T)	.E	Change A	ddition
NAME		6.2 NA	AE		
STREET ADDRESS		6.3 STR	EET ADDRESS		
City-St-ZiP			Y-ST-ZIP	d in Section 119.07(2Vi) Floride Statutes I further certiful that the inform	

receive certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliernental 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 typewor or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on any plachment with an address

Stroken TRUSPORT