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FILED
May 06 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 # P97000064364 (7)

1. Corporation Name

DEWINDT FARMACEUTICA, INC.



Principal Place of Business

3505 SOUTH SHORE DRIVE, UNIT 810
HOLLYWOOD FL 33019

Mailing Address

3505 SOUTH SHORE DRIVE, UNIT 810
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1024B BROOKVILLE LANE

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FL

Zip

24 3342B

Country

25 USA

2a. Mailing Address

26 1024B BROOKVILLE LANE

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FL

Zip

29 3342B

Country

30 USA

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0781291

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

DEWINDT, ALEJANDRO V
3505 SOUTH SHORE DRIVE, UNIT 810
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

ADRIANA DEUTSCH

82

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

1024B BROOKVILLE LANE

83

84

City

BOCA RATON

FL

85 Zip Code

3342B

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

ADRIANA DEUTSCH

Adriana Deutsch

4/30/98

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ALEJANDRO V. DE WINDT

STREET ADDRESS 410 PEACHTREE STREET, NE

CITY-ST-ZIP ATLANTA, GA 30308

TITLE ☐ DELETE

NAME JOSE DAVID VARGAS

STREET ADDRESS AVE. PASTEUR # 27

CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REPUBLIC

TITLE ☐ DELETE

NAME WILLIAM MARK REITER

STREET ADDRESS 2020 N.E. 48TH COURT

CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE ☐ DELETE

NAME ADRIANA DEUTSCH

STREET ADDRESS 1024B BROOKVILLE LANE

CITY-ST-ZIP BOCA RATON, FL 3342B

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 to an address.

SIGNATURE:

Alejandro V. De Windt

Alejandro V. De Windt

4/30/98

(404)

581-9511

CR2E034 (10/97)