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Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90052 039 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071614

Principal Place of Business

E.C. PHARMACEUTICALS IMPORT, EXPORT, CARGO CORP.

7908 NW 66TH STREET 7908 NW 66TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualifed .08/18/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0774997 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Ó Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RODRIGUES, CRISTIANE P Street Address (P.O. Box Number is Not Acceptable) 75-25 E. TREASURE DRIVE SUITE 6 D 83 NORTH BAY VILLAGE FL 33141 Zip Code 84 City 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. 106 CRISTIANE PRODRIGUES (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DPS DELETE 1.1 TITLE TITLE EDE # Learleds un 25. RODRIGUES, CRISTIANE P 1.2 NAME NAME 75-25 E. TREASURE DRIVE 1.3 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition DELETE 3.1 TITLE τιτι Ε 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 T/TLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition

CR2E034 (11/98)