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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000089936 (3)

INTERI	NATIONAL PHARMACEUTIC	CAL CORP.						
Principal Plac	e of Business	Mailing Addre	ess				ATEL ORESE IDING IDING ID	1100 11116 0111 1991
2300 NORTH DIXIE HIGHWAY SUITE 203A BOCA RATON FL 33431		SUITE 203A	2300 NORTH DIXIE HIGHWAY SUITE 203A BOCA RATON FL 33431			DO NOT WRITI	E IN THIS SPACE	
						3. Date Incorporated or Qualified		
						10/20/1997		
	Place of Business	2a, Mailing A	ddress			4. FEI Number		Applied For
21		26				65-07889		Not Applicable
Sulte, Apt.		27				5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	e	City & Sta	City & State			6. Election Campaign Financing	<u> </u>	.00 May Be
23		28				Trust Fund Contribution		Ided to Fees
Zip	Country	Zip		Country		8. This corporation owes or has p	'	~
24	25 9. Name and Address of Curr	ent Benjetered Age	30	<u> </u>		Personal Property Tax due June 10. Name and Address of New Ro		∐ No
00		out Hogisteles Ago		81	Name	IQ, Italia alla ricalessa ol ricar III	Statored Agent	
	RUTHI, SOM C							
	01 N OCEAN BLVD.). 1602			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
	DCA RATON FL 33431			83				
	DOM HATON FE 33431			ا ا			···	
	1 (1.5)			84	City		FL 85	Zip Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Staum familiar with, and accept the obli	ite of Florida. Such ch	range was auth	norized by	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changi pt the appointmen	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of registered r	agent and title it approable	(NOTE: RI	egistered Age	nl signature rec	guired when reinstaling)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	CTORS IN 12
TITLE	PSTD		DELETE	1.1 TITLE			☐ Cha	ange Addition
NAME	PRUTHU SO	MC.	_	12 NAME	- 1			
STREET ADDRESS	2300 M. DIXI	e kung su	- 20 3A	13 STREET	ADDRESS			
CITY-ST-ZIP	BOCH RATCH IL 33431		1.4 CHY+S1	1-71P				
TITLE	QV		DELETE	2.1 TITLE			∟ Cha	ange L Addition
NAME	PRUTHI ASI	T S .	.14	2.2 NAME				
STREET ADDRESS	2300 H. DIKIE	444 2 CE >		2.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON		DELETE	2. 4 CITY - S	1- ZIP			- Awarea
TITLE		لبا	DELETE	3.1 TITLE			L.i Cha	inge L. Addition
NAME AVARET ADDRESS				3.2 NAME 3.3 STREET	1DDDF45			
STREET ADDRESS								
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - S 4.1 TITLE	1 - 219		☐ Cha	anoe Addilion
NAME			DELLYL	4. 2 NAME	1		هو	.,,,,,
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST				
TITLE			DELETE	51 TITLE			Cha	ange Addition
NAME		_		52 NAME				
STREET ADDRESS				5.3 STHEFT	ADDRESS			
CITY-ST-ZIP				5.4 CITY- ST	ſ			•
TITLE			DELETE	6.1 TITLE			☐ Cha	ange Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			

14. Thereby 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 animal 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. 561-391-0202 2.7.98