

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90181 030 \*\*\*158.75

DOCUMENT # P97000102788

1. Corporation Name  
SOLFARMA USA, INC.

Principal Place of Business  
520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI FL 33131

Mailing Address  
520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0798030

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 100 N. BISCAYNE BLVD  
Suite, Apt. #, etc.

22 1407

City & State

23 MIAMI FLORIDA

Zip Country

24 33132 25 U.S.A

2a. Mailing Address

26 650 WEST AVE

Suite, Apt. #, etc.

27 2109

City & State

28 MIAMI BEACH FLORIDA

Zip Country

29 33139 30 U.S.A

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

GEOFFREY M. WAYNE

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

SUITE 2702, BRICKELL BAY OFFICE TOWER

83

1001 BRICKELL BAY DRIVE

84 City

MIAMI

85 Zip Code

33131

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 *Geoffrey M. Wayne*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-99

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE  
NAME SUJAY, SHAH  
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ DELETE  
NAME MOHANAL SHAH, ANILKUMAR  
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☒ DELETE  
NAME FREEMAN, STEPHEN A  
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

TITLE VP ☐ DELETE  
NAME APPIAN, CESARE  
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

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 PTSM ☒ Change ☐ Addition  
1.2 NAME SUJAY ANIL SHAH  
1.3 STREET ADDRESS 650 WEST AVE, #2109  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

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 CESARE, APPIANA  
4.3 STREET ADDRESS 650 WEST AVE, #2109  
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME AJAY ANIL SHAH  
5.3 STREET ADDRESS 650 WEST AVE, #2109  
5.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUJAY ANIL SHAH

1-26-99

Date

305 579 0173

Daytime Phone #

CR2E034 (11/98)

0187741