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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000105540 (3)

GENRX DISTRIBUTORS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

SUNRISE FL 33351

FILED Apr 24 1998 8:00am Secretary of State



7770 WEST OAKLAND PARK BOULEVARD STE. 303 7770 WEST OAKLAND PARK BOULEVARD STE. 303 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1997 2a. Mailing Address 26 554 NW/ 2. Principal Place of Business 4. FEI Number Applied For 4491 SOUTH STATE ROAD Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be SPRING 28 CURAL 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAFFER, HENRY 7770 W. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 303 63 SUNRISE FL 33351 **B4** City 85 Zip Code 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 Signature, typod or printed name of registered agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE ☐ Change ☐ Addition SCHWARTZ, JOSEPH S NAME 1.2 NAME 554 N.W. 108TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE CHOSED, LESLIE A NAME 2.2 NAME 2000 S. OCEAN DRIVE #607 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TATLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change ___ Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP 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 chapted, or on an attachment with an address.