

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90015 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000086142

1. Corporation Name
PHARMA DYNAMICS, INC.



Principal Place of Business 1568 SHELTER COVE ORANGE PARK FL 32073	Mailing Address 1568 SHELTER COVE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1998	
21	26	4. FEI Number 59-2536297		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81	Name ELIZABETH NANA		
				82	Street Address (P.O. Box Number is Not Acceptable) 1526 SHAW WOOD CT.		
				83			
				84	City ORANGE PARK	FL	85 Zip Code 32073

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 *Elizabeth J. Nana* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIBUNAO, DAN S			1.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIBUNAO, CRISTETITA A			2.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIBUNAO, CHRISTIAN A			3.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIBUNAO, MARIA I			4.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVAREZ, FRANCISCO			5.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANCINCO, CHONA			6.2 NAME			
STREET ADDRESS	1568 SHELTER COVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073			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: *Dan Libunao* SIGNATURE REQUIRED PRESIDENT Date: 4/12/99 Daytime Phone #: 904 264 9139

CR2E034 (1-1/98)