FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **S73715** **(2)**

1. Corporation Name
EUROEXIM LABORATORIES CORPORATION

Principal Place of Business
6073 NW 167TH ST.
UNIT C-20
MIAMI FL 33015

Mailing Address
6073 NW 167TH ST.
UNIT C-20
MIAMI FL 33015

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: ~~50-0205050~~ 65-0461559 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SILVERSTEIN, BARRY D
C/O SILVERSTEIN & SINGER
2999 N.E. 191ST STREET, SUITE 704
AVENTURA FL 33180

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 of New Registered Agent if a change is being made) (If the Registered Agent signature is required, check the box above) DATE

12. OFFICERS AND DIRECTORS

TITLE: PSDT ☐ DELETE
NAME: SANTA MARTA DEL RIO , ESTEBAN S
STREET ADDRESS: 2999 N.E. 191ST STREET
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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: VPSDT D ☐ Change ☒ Addition
1.2 NAME: DEVIS P., AUREA S.
1.3 STREET ADDRESS: 3500 Mistyc Point Dr. 3206
1.4 CITY-ST-ZIP: N.MIAMI

2.1 TITLE: OFICIAL D ☐ Change ☒ Addition
2.2 NAME: SANTAMARTA, ALY E.
2.3 STREET ADDRESS: 174 WISTON TOW. 600/ 19-11
2.4 CITY-ST-ZIP: N.MIAMI BEACH. FL. 33180

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: 02/07/96 818-9225 932-8419 919-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #