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

DOCUMENT # **V13903** **(2)**

1. Corporation Name

UNIPHARM (AMERICA), INC.

Principal Place of Business	Mailing Address
5805 BLUE LAGOON DRIVE SUITE 143 MIAMI FL 33126	5805 BLUE LAGOON DRIVE SUITE 143 MIAMI FL 33126

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21 4206 LAGUNA STREET
22 Suite, Apt. #, etc.
23 CORAL GABLES FL
24 Zip 33146 25 Country DADE

2a. Mailing Address
26 4206 LAGUNA STREET
27 Suite, Apt. #, etc.
28 CORAL GABLES FL
29 Zip 33146 30 Country DADE

4. FEI Number: 65-0323161 ☐ 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

ERICHSEN, PETER
5805 BLUE LAGOON DRIVE
SUITE 143
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name PETER ERICHSEN
82 Street Address (P.O. Box Number is Not Acceptable) 4206 LAGUNA STREET
83
84 City CORAL GABLES FL 85 Zip Code 33146

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: PETER ERICHSEN, PRESIDENT DATE: 1/22/96
(If this Registered Agent Signature section is not applicable, leave blank)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	ERICHSEN, PETER		1.2 NAME	ERICHSEN, PETER	
STREET ADDRESS	5805 BLUE LAGOON DRIVE, SUITE 143		1.3 STREET ADDRESS	4206 LAGUNA STREET	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ERICHSEN, MOGENS		2.2 NAME	ERICHSEN, MOGENS	
STREET ADDRESS	5805 BLUE LAGOON DRIVE, STE. 143		2.3 STREET ADDRESS	4206 LAGUNA STREET	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ERICHSEN, PER MICHAEL		3.2 NAME	ERICHSEN, PER MICHAEL	
STREET ADDRESS	5805 BLUE LAGOON DRIVE, STE. 143		3.3 STREET ADDRESS	4206 LAGUNA STREET	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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.

SIGNATURE: PETER ERICHSEN PSTD 1/22/96 (305)461-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #