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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 23, 1996 08:00 AM
Secretary of State

DOCUMENT # **V33033** **(4)**

1. Corporation Name
ETRA PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
2822 GRIFFIN RD FT LAUDERDALE FL 33312 US	% MAMOUD ELDICK P.O. BOX 5286 FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 610 Belvedere Rd	26 610 Belvedere Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 W.P.B FLA	City & State 28 W.P.B FLA
Zip 24 33405 Country 25 USA	Zip 29 33405 Country 30 USA

4. FEI Number: **65-0335676** ☐ 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	10. Name and Address of New Registered Agent
ELDICK, MAMOUD 2822 GRIFFIN RD FT LAUDERDALE FL 33312	81 Name: ELDick, MAMOUD 82 Street Address (P.O. Box Number Not Acceptable): 610 Belvedere Rd. 83 84 City: W.P.B FL 85 Zip Code: 33405

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: T. Eldick — 4/12/96.
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required for filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELDICK, MAMOUD 2820 GRIFFIN ROAD DANIA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	ELDick, MAMOUD 610 Belvedere Rd W.P.B FLA 33405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	000001791320 -04/23/96--01131--041 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: T. Eldick — 4/12/96. — (407) 820-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #