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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M56683

(9)

DERMOGENE CORP.

FILED Apr 30 1998 8:00am Secretary of State

00,11110	ABINE COM				: 1881881 181 8111 BANIS BANIS BANIS BANIS	H NIBH BIDH BIBH BIBH BIDH 1881	
Principal Plac	o of Pusiness	Mailino Address					
l '		•					
4401 PONCE DE LEON BLVD							
OOTAL GABLES TE WITH			**	DO NOT WRITE IN THIS SPACE		THIS SPACE	
					3. Date Incorporated or Qualified		
					07/28/1987		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0423262	Not Applicable		
22		[27]			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid th		
24	[25]	[29]	[30]		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No	
Add to						arec Agent)	
TERPENING, ROBERT J							
				Street Addr	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLS FL 33146							
			84	City	111111111111111111111111111111111111111	les Zio Codo	
			•	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, typed or ponted harve of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or pointed name of registered agent OFFICERS AND		13.	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12	
TITLE	VP DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICE IS	Change Addition	
NAME	DALMAU, AURORA	1.2 NAME					
STREET ADDRESS	4401 PONCE DE LEON BLVD.			T ADDRESS			
CITY-ST-ZIP	OODAL CADIFO EL		1.4 CiTY-				
TITLE	٧T	DELETE	2.1 TtTLE	·		Change Addition	
NAME	DALMAU, JORGE ALBERTO 2		2.2 NAME				
STREET ADDRESS	4401 PONCE DE LEON BLVD.		2 3 STREET ADDRESS				
CITY-ST-ZIP	ÇORAL GABLES FL		2. 4 CITY-	ST-ZIP			
TITLE		PDC DELETE 3.1T				Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Flor Pales	
TITLE	VS TEDDENING DODEDT I	DELETE 4.11				☐ Change ☐ Addition	
NAME ATREET ADDRESS			4. 2 NAME	1			
STREET ADDRESS	4401 PONCE DE LEON BLVD CORAL GABLES FL	DAL CABLES EL		TADDRESS			
CITY-ST-ZIP TITLE	V	DELETE 51T		ST - ZIP		Change Addition	
NAME	DALMAU, JAVIER	52 NA				C outside Notation	
STREET ADDRESS	AAAA DOMOE DE AEON DIAD			ADDRESS			
CITY-ST-ZIP	OODAL GARLES EL		5.4 CITY-1	i			
TITLE		DELETE	61 TITLE	S. M.		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	6.		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 of director of the corporation or the receiver or trustee empowered to execute this report as recipired by Chapter 607. Florida Statutes: and that my name appears in 1.							
Block 12 or Block 13 if changed or on an attachment with an address.							