

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000084729 (0)

1. Corporation Name

ANDRX CHINA-PHARMA, INC.

Principal Place of Business

4001 S.W. 47TH AVE., SUITE 201
FORT LAUDERDALE FL 33314

Mailing Address

4001 S.W. 47TH AVE., SUITE 201
FORT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report

4. FEI Number
65-0576249

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

7. This corporation has liability for intangible tax under S. 199 (1)(2) Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

HAHN, ELLIOT F
4001 S.W. 47TH AVE., SUITE 201
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 for 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chen, Chih-Ming, Ph.D.	1.2 NAME	
STREET ADDRESS	4001 S.W. 47th Ave., Ste. 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hahn, Elliot, Ph.D.	2.2 NAME	
STREET ADDRESS	4001 S.W. 47th Ave., Suite 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	2.4 CITY-ST-ZIP	
TITLE	V/T/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henseler, Udo, Ph.D.	3.2 NAME	
STREET ADDRESS	4001 S.W. 47th Ave., Ste. 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	3.4 CITY-ST-ZIP	
TITLE	V/S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lodin, Scott	4.2 NAME	
STREET ADDRESS	4001 S.W. 47th Ave., Ste. 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	4.4 CITY-ST-ZIP	
TITLE	D/V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Alan	5.2 NAME	
STREET ADDRESS	4001 S.W. 47th Ave., Ste. 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

JP 7/6

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/24/95
Date

305-584-0300
Daytime Phone #