

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morlham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S63350 (0)**

**1. Corporation Name**  
**ASLAN LABORATORIES, INC.**



<b>Principal Place of Business</b> 999 BRICKELL AVENUE SUITE 1006 MIAMI FL 33131 US	<b>Mailing Address</b> 999 BRICKELL AVENUE SUITE 1006 MIAMI FL 33131-3044 US
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<b>3. Date Incorporated or Qualified</b> 06/28/1991	<b>3a. Date of Last Report</b> 05/01/1996
<b>4. FEI Number</b> 65-0269643	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**BAIER, KIRSTEN I.**  
**999 BRICKELL AVENUE**  
**SUITE 1006**  
**MIAMI FL 33131**

**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]* Signature, typed or printed name of registered agent and identical applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DRAXLER, SABINE</b> <b>999 BRICKELL AVENUE, SUITE 1006</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>MUELLER, UWE</b> <b>999 BRICKELL AVENUE SUITE 1006</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P</b> <b>Dr. Puetter, Sigurd</b> <b>999 Brickell Avenue, Suite 1006</b> <b>Miami, Florida 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VP</b> <b>Schaefer, Gunther</b> <b>999 Brickell Avenue, Suite 1006</b> <b>Miami, Florida 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I do 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 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**

CR2E034 (9/96)

SPECIAL POWER OF ATTORNEY FOR  
ASLAN LABORATORIES, INC.

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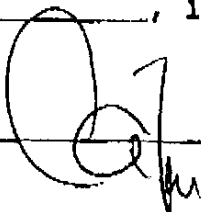
A Florida professional service corporation, with its principal place of business in Dade County, Florida, does hereby appoint Kirsten I. Baier, Esq. as its attorney in fact for the limited purposes of executing, filing and preparing the corporate annual reports to be filed with the Secretary of State for the following years: 1997

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The above authority shall commence for the year 1997, and shall terminate upon the earlier of the appointee receiving written notice thereof or upon the filing of the annual report for the year of 1997.

Within the power of attorney was granted pursuant to resolution by the Board of Directors of the above named professional service corporation and said power is hereby ratified and confirmed this 30 day of April, 1997.

VICE-President



Gunther Schaefer

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Secretary