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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 853830 (8)  
1. Corporation Name  
STIEFEL LABORATORIES, INC.

Principal Place of Business  
% CHARLES W. STIEFEL  
255 ALHAMBRA CIRCLE #1000  
CORAL GABLES FL 33134-6924

Mailing Address  
% CHARLES W. STIEFEL  
255 ALHAMBRA CIRCLE STE 1000  
CORAL GABLES FL 33134-7412  
US



3. Date Incorporated or Qualified 08/20/1982  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 14-1255448 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

STIEFEL, CHARLES W.  
255 ALHAMBRA CIRCLE  
STE 1000  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIEFEL, WERNER K.	1.2 NAME	TERESITA L. BRUNKEN
STREET ADDRESS	657 NORTH GREENWAY DRIVE	1.3 STREET ADDRESS	1403 OBISPO AVENUE
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL, HERBERT A.	2.2 NAME	
STREET ADDRESS	720 CORAL WAY APT. 13E	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, RICHARD I.	3.2 NAME	
STREET ADDRESS	14340 BEDFORD COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL, EDWARD P.	4.2 NAME	
STREET ADDRESS	331 MAIN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	CATSKILL NY	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEFEL, CHARLES W	5.2 NAME	
STREET ADDRESS	10382 SW 144TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTULLO, MATT S	6.2 NAME	
STREET ADDRESS	8920 SW 54 STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: Richard I. Fried 2-24-97 (305) 443-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)