## FILE NOW: FILING FEE AFTER MAY 151 15 \$300.00

PROFIT CORPORATION ANNUAL REPORT



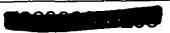
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name



Stiefel Laboratories, Inc.

Original Class of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90285 037 \*\*\*150.00



Principal Flace	2 Ot Desires					1
255 Alhambra Circle. Suite #1000		255 Alhambra Circle Suite #1000				DO NOT WRITE IN THIS SPACE
Coral Gables, FL 33134		Coral Gables, FL 33134			34	3. Date Incorporated or Qualifed 8/20/82
		2s. Mailing Address			<del></del>	4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 25						14-1255448 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired  \$8.75 Additional
Solie, Apt. w, att.						Fee Required
City & State		City & State				_6. Election Campaign Financing \$5.00 May Be
23	•	28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Pennerty Tax
25		29 3				Totalian Toparty Tax.
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
					•	
STIE	FEL, CHARLES W		82 Street		Street Addr	ress (P.O. Box Number is Not Acceptable)
	ALHAMBRA CIRCLE		ļ.,			
COR	AL GABLES FL 33134	•	l'	83		
*					City	FL 85 Zip Code
<u></u> -	60-4 507.050	2 and 607 4508 Florida Statutes	the abo	ove-r	named corp	poration submits this statement for the purpose of changing its registered
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		and tele dispersion (NOTE, F	legistered A	gent Si	ignature require	ed when reinstating; DATE
	Signature, typed or printed name of registered agen OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. πιε	CD	DELETE	1,1 1111	E		Change Li Addition
	Stiefel, Werner K.		1.2 NAM	Æ		
NAME	AND ALLIANDON - OIDOLD		1.3 STR	EET A	DORESS	
STREET ACCRESS	CORAL GABLES FL		1.4 CITY	-ST-Z		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	- ———————	☐ DELETE	2.1 TTU	Ę		Charge Charge
	VD STIEFEL Herbert		2.2 NAM	Æ	İ	
NAME	155 ALHAMBRA CIRCLE		2.3 STR	EETA	ODRESS	
STREET ADDRESS	CORAL GABLES FL.		2.4 CIT	2.4 CITY-ST-ZIP		Change — Addition
CITY-ST-ZIP	CONAL CADOLOTE 11TI		3.1 1110	E		Charge - Mullion
TITLE	PD Chickel Charles W		3.2 NAM	Æ		
NAME STREET ADDRESS	Stiefel, Charles W. 255 ALHAMBRA CIRCLE	•	13 STR	EET A	DORESS	
	CORAL GABLES FL		34.CIT	Y-5T-	209	☐ Change ☐ Addition
OTY-ST-ZIP	T	☐ DELETE	ALI TITU	£	1	
NAME	BRUNKEN, TERESITA L		4,2 NA	WE	-	,
STREET ACCRESS	255 Alhambra Circle		4.3 STR	EET A	OORESS	
- '	CORAL GABLES FL		44017	/-ST-2	7P	Change Addition
TITLE		☐ DELETE	\$1 1111		1	, J
NAME	S Detruile Matt S		52 NAM			
STREET ADDRESS	Pattullo, Matt S. 255 ALHAMBRA CIRCLE		53STR	EETA	DORESS	
CITY-ST-ZIP	CORAL GABLES FL	_	SACITY		ZIP	Change Addition
TITLE	☐ DELETE .		1	6 I TITLE		, 3
NAME	D Chi-fol Edward		ii . NAM			
STREET ADDRESS	Stretci, Edward		6.3 STR	6.3 STREET ADDRESS		
JIREE MAURESS	REET ADDRESS 255 Alhambra Circle			6.4 CITY-ST-ZIP		- 10 07(7V) Standa Stander I further certify that the information

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 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, with all other like empowered.

SIGNATURE:

Teresita L. Brunken