

F96000006299

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

100002003811--2
-11/13/96--01189--008
*****70.00 *****70.00

p457 W96-24115

SUBJECT: Glades Pharmaceutical, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

000002022120--5
-12/06/96--01054--013
*****400.00 *****400.00

Teresita L. Brunken
(Name of Person)
Stiefel Laboratories, Inc.
(Firm/Company)
255 Alhamrba Circle
(Address)
Coral Gables, Fl 33134
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96DEC-2 PM 4:08

FILED

Should you need to call someone concerning this matter, please call:

teresita L. Brunken at (305) 443-3800
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 14, 1996

TERESITA L BRUNKEI
STIEFEL LABORATORIES, INC.
255 ALHAMBRA CIR
CORAL GABLES, FL 33134

SUBJECT: GLADES PHARMACEUTICALS INC.
Ref. Number: W96000024115

We have received your document for GLADES PHARMACEUTICALS INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$400.00.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 196A00051947

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. Glades Pharmaceuticals, Inc
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia
(State or country under the law of which it is incorporated)
3. 58-2113139
(FEI number, if applicable)
4. April 4, 1994
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. April 4, 1994
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 500 Satellite Blvd
Suwanee, Ga 30174
(Current mailing address)
8. To engage in any business in which a corp. may be organized.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Charles W. Stiefel

Office Address: 255 Alhambra Circle

Coral Gables, Florida 33134
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: Werner K. Stiefel

Address: 255 Alhambra Circle
Coral Gables, FL 33134

Vice Chairman: _____

Address: _____

Director: Charles W. Stiefel

Address: 255 Alhambra Circle
Coral Gables, FL 33134

Director: Brendan J. Murphy

Address: 255 Alhambra Circle
Coral Gables, FL 33134

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: Brendan J. Murphy

Address: 255 Alhambra Circle
Coral Gables, FL 33134

Vice President: Teresita L. Brunken

Address: 255 Alhambra Circle
Coral Gables, FL 33134

Secretary: Charles W. Stiefel

Address: 255 Alhambra Circle
Coral Gables, FL 33134

Treasurer: Richard L. Freid

Address: 255 Alhambra Circle
Coral Gables, FL 33134

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W.K. STIEFEL Chairman & CEO
(Typed or printed name and capacity of person signing application)

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 962750503
CONTROL NUMBER : 9408051
DATE INC/AUTH/FILED: 04/04/1994
JURISDICTION : GEORGIA
PRINT DATE : 10/01/1996
FORM NUMBER : 211

STIEFEL LABORATORIES
ATTN TERESITA L BRUNKEN
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GLADES PHARMACEUTICALS INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

