SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # L73191 (3)

1. Corporation Name
NORTH AMERICAN SAFESKIN CORPORATION

Principal Place of Business	Mailing Address
5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON FL 33486	5100 TOWN CENTER CIRCLE SUITE 560 BOCA RATON FL 33486

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 10/05/1995

2. Principal Place of Business
21 12671 HIGH BLUFF DRIVE
Suite, Apt #, etc. 22
City & State: 23 SAN DIEGO, CA
Zip: 24 92130 Country: 25 USA

2a. Mailing Address
26 12671 HIGH BLUFF DRIVE
Suite, Apt #, etc. 27
City & State: 28 SAN DIEGO, CA
Zip: 29 92130 Country: 30 USA

4. FEI Number: 65-0189554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes ☐ No ☒

9. Name and Address of Current Registered Agent
BRAVERMAN, NEIL K.
5100 TOWN CENTER CIRCLE
SUITE 560
BOCA RATON FL 33486

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BRAVERMAN, NEIL K.		1.2 NAME	BRAVERMAN, NEIL K.	
STREET ADDRESS	5100 TOWN CENTER CIRCLE		1.3 STREET ADDRESS	5100 TOWN CENTER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	BROWN, LAWRENCE E		2.2 NAME	MORASH, DAVID L.	
STREET ADDRESS	5100 TOWN CENTER CIR		2.3 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE		☐ DELETE	3.1 TITLE	V/S	☐ Change ☒ Addition
NAME			3.2 NAME	GOLDMAN, SETH S.	
STREET ADDRESS			3.3 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE		☐ DELETE	4.1 TITLE	C/P	☐ Change ☒ Addition
NAME			4.2 NAME	JAFFE, RICHARD	
STREET ADDRESS			4.3 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SETH S. GOLDMAN 7/26/96 (619) 350-2170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094761 CP