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CORPORATION ANNUAL REPORT 1995

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

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95 JUN -1 [illegible] 11:29

DOCUMENT # M56683 (9)

1. Corporation Name

DERMOGENE CORP.

Principal Place of Business	Mailing Address
4401 PONCE DE LEON BLVD CORAL GABLES FL 33146	4401 PONCE DE LEON BLVD CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~NOT APPLICABLE~~ 65-0423262	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CRUANYAS, MARIA T~~ ~~4401 PONCE DE LEON BLVD~~ ~~CORAL GABLES FL 33146~~	81 Name: ROBERT J TERPENING 82 Street Address (P.O. Box Number is Not Acceptable): 4401 PONCE DE LEON BLVD 83 84 City: CORAL GABLES FL 85 Zip Code: 33146

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 ROBERT J TERPENING [signature] 05/24/95
[illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1 1 TITLE		☐ Change ☐ Addition
NAME	DALMAU, AURORA	1 2 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	1 3 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	1 4 CITY ST ZIP		
TITLE	DS	2 1 TITLE	V/T	X Change ☐ Addition
NAME	DALMAU, JORGE ALBERTO	2 2 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	2 3 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	2 4 CITY ST ZIP		
TITLE	P	3 1 TITLE	P/D/C/	XX Change ☐ Addition
NAME	DALMAU, JORGE	3 2 NAME		
STREET ADDRESS	4401 PONCE DE LEON BLVD.	3 3 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	3 4 CITY ST ZIP		
TITLE		4 1 TITLE	V/S	☐ Change XX Addition
NAME		4 2 NAME	TERPENING , ROBERT J	
STREET ADDRESS		4 3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
CITY ST ZIP		4 4 CITY ST ZIP	CORAL GABLES FL	
TITLE		5 1 TITLE	V	☐ Change X Addition
NAME		5 2 NAME	DALMAU, JAVIER	
STREET ADDRESS		5 3 STREET ADDRESS	4401 PONCE DE LEON BLVD	
CITY ST ZIP		5 4 CITY ST ZIP	CORAL GABLES, FL	
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT J TERPENING, VP 5/29/95 (305) 446-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0189842 CF