

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M56683** (9)

1. Corporation Name

DERMOGENE CORP.



Principal Place of Business

**4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

Mailing Address

**4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

07/28/1987

3a. Date of Last Report

06/05/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number

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

g. Name and Address of Current Registered Agent

**TERPENING, ROBERT J
4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146**

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

Signature typed or printed name of registered agent (for corporation)

(Only Registered Agent signature is required for this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **DALMAU, AURORA**
CITY-ST-ZIP **4401 PONCE DE LEON BLVD.
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **DALMAU, JORGE ALBERTO**
CITY-ST-ZIP **4401 PONCE DE LEON BLVD.
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **PDC**
STREET ADDRESS **DALMAU, JORGE**
CITY-ST-ZIP **4401 PONCE DE LEON BLVD.
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **TERPENING, ROBERT J**
CITY-ST-ZIP **4401 PONCE DE LEON BLVD
CORAL GABLES FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **DALMAU, JAVIER**
CITY-ST-ZIP **4401 PONCE DE LEON BLVD
CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Robert J. Terpening Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

305-446-5666
Telephone Number

CR2E034 (12/95)