

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90034 050 ***150.00

DOCUMENT # P01000099696

1. Entity Name
IVAX LABORATORIES, INC.



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| Principal Place of Business 4400 BISCAYNE BLVD. MIAMI, FL 33137 Attn: Carole I. Amster | Mailing Address 4400 BISCAYNE BLVD. MIAMI, FL 33137 Attn: Carole I. Amster |
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01192005 Chg-P CR2E034 (10/03)

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|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-1148620 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent RUBIN, STEVEN D 4400 BISCAYNE BLVD. MIAMI, FL 33137 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

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|--|---|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DENNESS, RICHARD 4400 BISCAYNE BLVD MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Leal, Jesus 4400 Biscayne Boulevard Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RUBIN, STEVEN D 4400 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BEIER, THOMAS E 4400 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLANZRAICH, NEIL 4400 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T UPPALURI, RAO 4400 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS NATION, MARIANNE 4400 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven D. Rubin Date: 1/20/05 Daytime Phone #: 305-575-6000