FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13739

1. Corporation Name

COLUMBIA LABORATORIES INC

COLUMB	RA LABORATORILS, INC.										
Principal Place	o of Rueinage	Mailing Address			\dashv	1 (831188) 1	81 (1 888)	IAID IDA DIBA D	IBII BIBII BIBII B	8 81 818 11 1 88 1	
Principal Place of Business Mailing Address 2875 N.E. 191ST STREET STE 400 2875 N.E. 191ST STREET STE											
AVENTURA FL	L 400										
AVENTURA FL 33180 AVENTURA FL 33180 US US						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed					
					- {	03/24/1987	7				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Apı	olied For	
21		26				59-275859	<u>6</u>		Not	Applicable	
Suite, Apt. #, etcSuite, Apt. #, etc						5. Certificate of S	Status Desired		\$8.75 -△		
22		27				g, Certificate of C			Fee Re	quired	
City & State	9	City & State				6. Election Camp	paign Financing	П	\$5.00	•	
23		28				Trust Fund Co			Added to	Fees	
Zip	Country	Zip	Coun	try		•	on owes the cur	rent year Int		i	
24 25 29 30 9. Name and Address of Current Registered Agent			<u></u>			Personal Property Tax.					
		<u> </u>		10. Name and Ad	Agent						
VAZEIN	IREDG DAVID I			81 Name							
WEINBERG, DAVID L.			-	82 Street	Addres	s (P.O. Box Numb 191 Stre	er is Not Accept	able)			ľ
2665 S BAYSHORE DR					NE.	<u>. 191 Stre</u>	et, Suid	÷			
MIAMI FL 33133				83 Suite 400						1	
	•		-	84 City	<u>,C 11</u>				85 Zip C	ode	İ
	Aventur			a '		<u> </u>	<u> </u>	180			
11. Pursuant	the ab	ove-named	corpora	ation submits this s	statement for the sTI hereby acce	purpose of of the appoi	changing its intment as rec	registered sistered			
oπice or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statu	les.	O GUOT	3 DORIG OF CITCOLO	o. , nordby dood	pt and appea		,	
SIGNATURE	N/A					_					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				gent signature r	required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					1
12.	OFFICERS AND		13.			ADDITIONS/CI	HANGES TO O	-FICERS AF	ND DIRECTO Y☐ Change	Addition	:
TITLE			1.1 TITLE						A Change		[]
NAME	MEIER, NORMAN M.		1.2 NAME		20-	75 NTS 101	Ctasset	Q.: 4.	400	į	1
STREET ADDRESS	2665 S BAYSHORE DR				1	75 NE. 191	•	Surce	400		ļ
CITY-ST-ZIP	MIAMI FL				AVE	entura, FL	33180		Change	Addition	
TITLE				2.1 TITLE					Xcusing		`
NAME	WEINBERG, DAVID L.		2.2 NAME		205	7E NTO 101	Charat	٠	400		
STREET ADDRESS	2665 S BAYSHORE DR					75 NE. 191		Surce	400		_
CITY-ST-ZIP	MIAMI FL				AVE	ntura, FL	33180		Change	Maditie-	1
TITLE	_		3.1 TITI	3.1 TITLE					Change	Addition ·	
NAME	BOLOGNA, WILLIAM J.		3.2 NAME								ļ
STREET ADDRESS						75 NE. 191		Suite	400		
CITY-ST-ZIP	MIAMI FL_			Y-ST-ZIP	Ave	<u>entura, FL</u>	33180			A database	-
TITLE			4.1 TITL	4.1 TITLE					Change	Addition Addition	
NAME	BUONICONTI, NICHOLAS		4. 2 NA	ME			.				
STREET ADDRESS	2665 S BAYSHORE DR		4.3 STF	REET ADDRESS		75 NE. 191		Suite	400		ľ
C/TY-ST-ZIP	MIAMI FL		4.4 CIT	Y-ST-ZIP	Ave	entura, FL	33180				
TITLE	V	☐ DELETE	5.1 TIT		[Change	Addition	
NAME	DOMINIQUE DE ZIEGLER		5.2 NAI				 .			1	
STREET ADDRESS	2665 S. BAYSHORE DR			REET ADDRESS		75 NE. 191	-	Suite	400		
CITY OT 71D	MIAMI FI		5.4 CIT	Y-ST-ZIP	Ave	entura. FL	33180				ĺ

CITY-ST-Z/P 14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

LEVINE, HOWARD

MAIMI FL

2665 SO. BAYSHORE DR

TITLE

NAME

STREET ADDRESS

DELETE

2875 NE. 191 Street, Suite 400

Aventura, FL 33180

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 028 ***150.00

Change

☐ Addition