

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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000040385 (5)**  
 1. Corporation Name  
**IVAX CORPORATION**



Principal Place of Business 4400 BISCAYNE BOULEVARD MIAMI FL 33137-3227	Mailing Address 4400 BISCAYNE BOULEVARD MIAMI FL 33137-3227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/02/1993</b>	
21		26		4. FEI Number <b>65-1003559</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TABERNILLA, ARMANDO A 4400 BISCAYNE BLVD. MIAMI FL 33137				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, PHILLIP M.D.	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	4400 BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, ISAAC	2.2 NAME	
STREET ADDRESS	GEMINI HOUSE, FLEX MEADOW, CM19 5TJ	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARLOW, ESSEX, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODER, SAMUEL M.D.	3.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, JACK M.D.	4.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, DORA B	5.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, MARK	6.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: Jeffrey F. Eisenberg **REQU** Jeffrey F. Eisenberg 1/27/98 305-575-6000

CR2E034 (10/97)

**1998 FLORIDA CORPORATION ANNUAL REPORT**  
**IVAX CORPORATION**  
**Question 12 & 13**

CEO/D

Frost, Phillip M.D.  
4400 Biscayne Boulevard, Miami, FL 33137

Deputy CEO/D

Kaye, Isaac  
Norton Healthcare Limited, Gemini House, Flex Meadow, Harlow, Essex, England CM19 5TJ

Vice Chairman/D

Hsiao, Jane Ph.D.  
4400 Biscayne Boulevard, Miami, FL 33137

D

Andrews, Mark  
1331 Lamar, Houston, TX 77010

D

Biekert, Ernst Ph.D.  
Weinheimerstr. 21, Limburgerhof, Germany 67117

D

Fishman, Jack Ph.D.  
4000 Island Boulevard, Williams Island, FL 33160

D

Flanzraich, Neil  
976 Laurel Glen Drive, Palo Alto, CA 94304

P/COO

Bethune, David R.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Broder, Samuel M.D.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Beier, Thomas E.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Henein, Rafick G.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Millsap, James M.  
4400 Biscayne Boulevard, Miami, FL 33137

VP/S

Tabernilla, Armando A.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Metzkes, Michael  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Shaub, John  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Radabaugh, Richard D.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Wagner, Donald C.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Bauer, Jeffrey S. Ph.D.  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Hisey, William  
4400 Biscayne Boulevard, Miami, FL 33137

VP

Uppaluri, Rao  
4400 Biscayne Boulevard, Miami, FL 33137

T  
Siegel, Jordan  
4400 Biscayne Boulevard, Miami, FL 33137

AS  
Eisenberg, Jeffrey F.  
4400 Biscayne Boulevard, Miami, FL 33137