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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90131 007 ***150.00

FOR-PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P93000040385

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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 06/02/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-1003559	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TABERNILLA, ARMANDO A
4400 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Gillespie, Carol J.
82 Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Boulevard
83
84 City Miami
85 State FL
Zip Code 33137

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 *Carol J. Gillespie* **Carol J. Gillespie** DATE **Jan 19, 1999**

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, PHILIP M.D.	1.2 NAME	SEE ATTACHED
STREET ADDRESS	4400 BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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.

SIGNATURE: *Carol J. Gillespie* **Carol J. Gillespie** DATE **4/19/99** DAYTIME PHONE # **305-575-6037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0202637

CR2E034 (11/98)

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1999 FLORIDA CORPORATION ANNUAL REPORT
IVAX CORPORATION
Question 13

D/CEO

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

D/Deputy CEO

Kaye, Isaac
Albert Basin, Royal Docks, London, England E16 2QJ

D/Vice Chairman

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

D/P

Flanzraich, Neil
4400 Biscayne Boulevard, Miami, FL 33137

D

Fishman, Jack Ph.D.
1230 York Avenue, New York, NY 10021

D

Andrews, Mark
1331 Lamar Street, Suite 900, Houston, TX 77010

D

Biekert, Ernst
Weinheimerstr. 21, Limburgerhof, Germany 67117

D

Fernandez, Charles
100 S.E. 2nd Street, 36th Floor, Miami, FL 33131

VP/CFO

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

VP

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

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VP/S

Gillespie, Carol J.

4400 Biscayne Boulevard, Miami, FL 33137

VP

Shaub, John

4400 Biscayne Boulevard, Miami, FL 33137

VP

McClary, Thomas E.

4400 Biscayne Boulevard, Miami, FL 33137

VP

Bauer, Jeffrey S.

4400 Biscayne Boulevard, Miami, FL 33137

VP

Uppaluri, Rao

4400 Biscayne Boulevard, Miami, FL 33137

VP/T

Siegel, Jordan

4400 Biscayne Boulevard, Miami, FL 33137

AS

Nation, Marianne Hurd

4400 Biscayne Boulevard, Miami, FL 33137