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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # P94000002894 (1)**  
1. Corporation Name  
**LEO PHARMACEUTICALS, INC.**

Principal Place of Business: 3109 STIRLING RD., SUITE 101, FT. LAUDERDALE FL 33312  
Mailing Address: 3109 STIRLING RD., SUITE 101, FT. LAUDERDALE FL 33312

2. Principal Place of Business: 21 7820 Peters Road, Suite E - 100, Plantation, FL 33324  
2a. Mailing Address: 26 [Blank], 27 [Blank], 28 [Blank]  
23. Zip: 24 33324, Country: 25 Broward

3. Date Incorporated or Qualified: 01/12/1994  
3a. Date of Last Report: [Blank]  
4. FEI Number: [Blank] Applied For:  Applied For,  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes,  No

9. Name and Address of Current Registered Agent  
WEISSMAN, ~~WEISSMAN~~ & DERVISHI, P.A.  
ATTN: JEFFREY M. WEISSMAN  
3109 STIRLING RD., SUITE 101  
FT. LAUDERDALE FL 33312  
DERVISHI registered agent

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank], 85 Zip Code: FL [Blank]

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRO KROGEN, HENRIK
STREET ADDRESS	INDUSTRI PARKKEN 55
CITY, ST, ZIP	BALLERUP, DENMARK
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D, P	
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Peter Darting	
23 STREET ADDRESS	7820 Peters Road, Suite E-100	
24 CITY, ST, ZIP	Plantation, FL 33324	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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: *Peter Darting* 2/13/95 (305) 474-8174  
Peter Darting, Vice President