

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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: **7820 PETERS ROAD SUITE E-100 PLANTATION FL 33324 US**  
Mailing Address: **3109 STIRLING RD. SUITE 101 FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **01/12/1994**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **65-046-9932** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
25. Country: 25  
29. Country: 30

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

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

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 registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>DP</b>
NAME	<b>BRO KROGEN, HENRIK</b>	12 NAME	<b>GERHARD THOMSEN</b>
STREET ADDRESS	<b>INDUSTRI PARKKEN 55</b>	13 STREET ADDRESS	<b>Industri parkken 55</b>
CITY-ST-ZIP	<b>BALLERUP, DENMARK</b>	14 CITY-ST-ZIP	<b>Ballerup, Denmark</b>
TITLE	<b>VPST</b>	2.1 TITLE	
NAME	<b>DARTING, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>7820 PETERS ROAD, SUITE E-100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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. (954)

SIGNATURE: *Peter Darting*, Peter Darting, VP 1/22/96 474-8174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)