

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000062493**

1. Entity Name

IVAX PHARMACEUTICALS NV, INC.



Principal Place of Business

ATTN: CAROLE AMSTER, LEGAL ASST.  
140 LAGRANDE AVE.  
NORTHVALE NJ 07647

Mailing Address

ATTN: CAROLE AMSTER, LEGAL ASST.  
140 LAGRANDE AVE.  
NORTHVALE NJ 07647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0547890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, STEVEN D  
4400 BISCAYNE BLVD  
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENEIN, RAFICK G	
STREET ADDRESS	4400 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEIER, THOMAS E	
STREET ADDRESS	4400 BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIEGEL, JORDAN	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUBIN, STEVEN D	
STREET ADDRESS	4400 BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	UPPALURI, RAO	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY - ST - ZIP	MIAMI FL 33137	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NATION, MARIANNE H	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY - ST - ZIP	MIAMI FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000047326  
02/12/04 00035 022 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Steven D. Rubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven D. Rubin**

**2/3/04**

**305-575-6000**  
Daytime Phone #