

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000082399 (2)

1. Corporation Name  
NOVADERM, INC.



Principal Place of Business  
4401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146

Mailing Address  
4401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146-1830

3. Date Incorporated or Qualified: 10/07/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: [Blank]  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 Suite, Apt. #, etc.: [Blank]  
22 City & State: [Blank]  
23 Zip: [Blank] Country: [Blank]  
24  
2a. Mailing Address  
26 Suite, Apt. #, etc.: [Blank]  
27 City & State: [Blank]  
28 Zip: [Blank] Country: [Blank]  
29  
30

9. Name and Address of Current Registered Agent  
• TERPENING, ROBERT J  
• 4401 PONCE DE LEON BLVD.  
• CORAL GABLES FL 33146  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: [Blank] FL 85 Zip Code: [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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PDC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DALMAU, JORDI
STREET ADDRESS		1.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DALMAU, AURORA G
STREET ADDRESS		2.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DALMAU, JORGE A
STREET ADDRESS		3.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DALMAU, JAVIER
STREET ADDRESS		4.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TERPENING, ROBERT J
STREET ADDRESS		5.3 STREET ADDRESS	4401 PONCE DE LEON BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Robert J. Terpening* Vice President - Finance 4/24/97 305-446-5666

CR2E034 (9/96)