

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

0218978

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082399

1. Corporation Name
NOVADERM, INC.



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

Mailing Address
**4401 PONCE DE LEON B.VD.
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

2. Principa Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0834274

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**TERPENING, ROBERT J
4401 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 DELETE
NAME **PDC DALMAU, JORDI**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VD DALMAU, AURORA G**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **VT DALMAU, JORGE A**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **V DALMAU, JAVIER**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **VS TERPENING, ROBERT J**
STREET ADDRESS **4401 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.073(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 a power like empowered.

SIGNATURE: *Robert J Terpening*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 **305-486-5611**
Date Daytime Phone #

CR2E034 (11/98)