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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

Principal Place of Business

V60643

(6)

ANDRX CORPORATION

Mailing Address 4001 SW 47TH AVE. 500001787805 -04/21/96--01002--008

***200.00

4001 SW 47TH AVE. BUILDING 201 FT. LAUDERDALE FL 33314 US				4001 SW 47TH AVE. Building 201 Ft. Lauderdale FL 33314 US				3.	Date Incorporated or Qualified 08/28/1992		e of Last Report 4/28/1995
2.	Principal Place of Busin	ess		a. Mailing Address				4.	FEI Number 65-0366879		Applied For Not Applicable
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Required
City & State				City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
) A	Zip	Country 25	29	Zφ	Count	ry		8.	This corporation has liability for in Florida Statutes Yes		ax under s. 199.032,
9 Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
						13		ss (P	.O. Box Number is Not Acceptab	le)	To Codo
					8	34	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 Floricu. 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, typied or printed name of registered agent and the diagram	acor (table	Biogleterad Agent signature reg	prined when remetating) DATE
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	DELETE	1. 1 TITLE	Change X Addition
NAME	COHEN, ALAN P.		1.2 NAME	Donofrio, Paul
STREET ADDRESS	4001 SW 47 AVENUE, STE 201		1.3 STREET ADDRESS	Donofrio, Paul 4001 SW 47 Ave., Suite 201
DITY-ST-ZiP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33314
TITLE	VO	DELETE	2 1 T.TLE	D Change K Addition
NAME	CHEN, CHIN-MING J.		2.2 NAME	Gerson, Irwin C.
STREET ADDRESS	4001 SW 47 AVE STE 201		2.3 STREET AUDRESS	4001 SW 47 Ave., Suite 201
CITY-ST-ZIP	FT. LAUDERDALE FL.		2.4 CITY - ST-ZIP	Ft. Lauderdale. FL 33314
TITLE	PD	DELETE	3 1 TITLE	D Change K Addition
NAME	HAHN, ELLIOT		3.2 NAME	Levine, Elliot
STREET ADDRESS	4001 SW 47 AVENUE, STE 201		3.3 STREET ADDRESS	4001 SW 47 Ave., Suite 201
CITY-ST-ZIP	FT. LAUDERDALE FL		3 4 CITY - ST - ZIP	Ft. Lauderdale, FL 33314
TITLE	VSD	DELETE	4 1 TITLE	D Change Addition
NAME	HENSELER, UDO		4.2 NAME	Schwartz, Michael
STREET ADDRESS	4001 SW 47TH AVE, STE 201		4.3 STREET ADDRESS	4001 SW 47 Ave., Suite 201
CITY-ST-ZIP	FT. LAUDERDALE FL		44 CITY - ST - ZIP	Ft. Lauderdale, FL 33314
TOLE	V	DELETE	5 1 TITLE	V/T Change X Addition
NAME	LODIN, SCOTT		5 2 NAME	Malahias, Angelo C.
STREET ADDRESS	4001 SW 47TH AVENUE, STE 201		5 3 STREET ADDRESS	4001 SW 47 Ave., Suite 201
CITY-ST-ZIP	FT. LAUDERDALE FL		5 4 CITY - ST - ZIP	Ft. Lauderdale, FL 33314
TITLE	D	☐ DELETE	6 1 THLE	D Change X Addition
NAME	Bloom, Elaine		6.2 NAME	Sharoky, Melvin
STREET ADDRESS	4001 SW 47TH AVENUE, SUITE 201		63 STHEFT ADDRESS	4001 SW 47 Ave., Suite 201
CITY-ST-ZIP	ft. Lauderdale fl		64 CHY ST-ZIP	Ft. Lauderdale, FL 33314

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)(R). 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 composition or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the iged. For an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF

S(-4-19-96)
Da,time Prince # -0300