

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

500001787805  
-04/21/96--01002--008  
\*\*\*200.00

DOCUMENT # **V60643** (6)  
1. Corporation Name  
**ANDRX CORPORATION**



Principal Place of Business  
**4001 SW 47TH AVE.  
BUILDING 201  
FT. LAUDERDALE FL 33314  
US**

Mailing Address  
**4001 SW 47TH AVE.  
BUILDING 201  
FT. LAUDERDALE FL 33314  
US**

3. Date Incorporated or Qualified **08/28/1992** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0366879** Applied For  
Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, ALAN P  
4001 SW 47 AVENUE, SUITE 201  
FT. LAUDERDALE FL 33314**

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 Director (Applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>COHEN, ALAN P.</b>
STREET ADDRESS	<b>4001 SW 47 AVENUE, STE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VO</b> <input type="checkbox"/> DELETE
NAME	<b>CHEN, CHIN-MING J.</b>
STREET ADDRESS	<b>4001 SW 47 AVE STE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>HAHN, ELLIOT</b>
STREET ADDRESS	<b>4001 SW 47 AVENUE, STE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HENSELER, UDO</b>
STREET ADDRESS	<b>4001 SW 47TH AVE, STE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LODIN, SCOTT</b>
STREET ADDRESS	<b>4001 SW 47TH AVENUE, STE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BLOOM, ELAINE</b>
STREET ADDRESS	<b>4001 SW 47TH AVENUE, SUITE 201</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Donofrio, Paul</b>
1.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Gerson, Irwin C.</b>
2.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Levine, Elliot</b>
3.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Schwartz, Michael</b>
4.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>
5.1 TITLE	<b>V/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Malahias, Angelo C.</b>
5.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Sharoky, Melvin</b>
6.3 STREET ADDRESS	<b>4001 SW 47 Ave., Suite 201</b>
6.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33314</b>

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Scott Lodin, Vice President**

Date:

Da, time Phone #

SG-41-19-96

914-484-0300

CR2E034 (12/95)