

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90018 026 ***150.00

DOCUMENT # V60788

1. Entity Name
IVAX GOLDEN GLADES, INC.



Principal Place of Business
4400 BISCAYNE BLVD
ATTN: CAROLE I AMSTER
MIAMI, FL 33137

Mailing Address
4400 BISCAYNE BLVD
ATTN: CAROLE I AMSTER
MIAMI, FL 33137

94020875



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0357417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUBIN, STEVEN D
4400 BISCAYNE BLVD
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOENEIN, RAFICK G
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DVP
NAME FLANZRAICH, NEIL
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DVP
NAME BEIER, THOMAS E
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE AS
NAME NATION, MARIANNE H
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DS
NAME RUBIN, STEVEN D
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE T
NAME UPPALURI, RAO
STREET ADDRESS 4400 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven D. Rubin

2/17/04

305-575-6000