

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # H58964 (8)
1. Corporation Name

SAFESKIN CORPORATION



Principal Place of Business Mailing Address
5100 TOWN CENTER CIRCLE SUITE 580 BOCA RATON FL 33486

3. Date Incorporated or Qualified: 05/28/1985
3a. Date of Last Report: 10/05/1995
4. FEI Number: 59-2617525
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$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 2a. Mailing Address
21 12671 HIGH BLUFF DR. 26 12671 HIGH BLUFF DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 SAN DIEGO, CA 28 SAN DIEGO, CA
Zip Country Zip Country
24 92130 25 USA 29 92130 30 USA

9. Name and Address of Current Registered Agent
BRAVERMAN, NEIL K.
5100 TOWN CENTER CIRCLE
SUITE 580
BOCA RATON FL 33486

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, NEIL K.	
STREET ADDRESS	5100 TOWN CENTER CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LAWRENCE E	
STREET ADDRESS	5100 TOWN CENTER CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BRAVERMAN, NEIL K.	
13 STREET ADDRESS	5100 TOWN CENTER CIRCLE	
14 CITY-ST-ZIP	BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	V	
22 NAME	MORASH, DAVID L.	
23 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
24 CITY-ST-ZIP	SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	V/S	
32 NAME	GOLDMAN, SETH S.	
33 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
34 CITY-ST-ZIP	SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	C/P	
42 NAME	JAFFE, RICHARD	
43 STREET ADDRESS	12671 HIGH BLUFF DRIVE	
44 CITY-ST-ZIP	SAN DIEGO, CA 92130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SETH S. GOLDMAN 7/26/96 (619) 350-2170
DATE: _____ DAY: _____

CR2E034 (3/96)