

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # H58964 (8)**

1. Corporation Name  
**SAFESKIN CORPORATION**



Principal Place of Business 12671 HIGH BLUFF DR. SUITE 560 SAN DIEGO CA 92130 US	Mailing Address 12671 HIGH BLUFF DR. SUITE 560 SAN DIEGO CA 92130-2014 US
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3. Date Incorporated or Qualified <b>05/28/1985</b>	3a. Date of Last Report <b>08/14/1996</b>
4. FEI Number <b>59-2617525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**BRAVERMAN, NEIL K.**  
**5100 TOWN CENTER CIRCLE**  
**SUITE 560**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name <b>Braverman, Neil K.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1181 S. Rogers Circle, Ste 14</b>
83
84 City <b>Boca Raton</b>
85 State <b>FL</b>
Zip Code <b>33487</b>

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAVERMAN, NEIL K.</b>	
STREET ADDRESS	<b>5100 TOWN CENTER CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORASH, DAVID L.</b>	
STREET ADDRESS	<b>12671 HIGH BLUFF DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, SETH S.</b>	
STREET ADDRESS	<b>12671 HIGH BLUFF DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
TITLE	<b>CP</b>	<input type="checkbox"/> DELETE
NAME	<b>JAFFE, RICHARD</b>	
STREET ADDRESS	<b>12671 HIGH BLUFF DR.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
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

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Braverman, Neil K.</b>	
1.3 STREET ADDRESS	<b>1181 S. Rogers Circle, Ste 14</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton FL 33487</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: **X** *Seth S. Goldman* **4/28/97** **(619) 350-2170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)