

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 AM 9:33

DOCUMENT # V32074 (9)

1. Corporation Name
BAKER NORTON U.S., INC.

Principal Place of Business Mailing Address
**8800 N.W. 36 ST
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/28/1992	02/02/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0393912	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARD C. PFENNIGER, JR. 8800 NW 36TH STREET 150 WEST FLAGLER ST. MIAMI FL 33178				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVS	1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RICHARD C. PFENNIGER, JR.	1.2 NAME	Pfenniger, Richard C.				
STREET ADDRESS	8800 N.W. 36 ST.	1.3 STREET ADDRESS	8800 N.W. 36 Street				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33178				
TITLE	PO	2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHARLES HSIAO, PH. D.	2.2 NAME	Tabernilla, Armando A.				
STREET ADDRESS	8800 N.W. 36TH STREET	2.3 STREET ADDRESS	8800 N.W. 36 Street				
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33178				
TITLE	VI	3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	FREDERICK BAXTER	3.2 NAME	Zinzi, Andrew				
STREET ADDRESS	8800-NW-36TH STREET	3.3 STREET ADDRESS	8800 N.W. 36 Street				
CITY-ST-ZIP	MIAMLEL	3.4 CITY-ST-ZIP	Miami, FL 33178				
TITLE	AS	4.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	ARMANDO TABERNILLA	4.2 NAME	Rubin, Dora B.				
STREET ADDRESS	8800 NW 36TH STREET	4.3 STREET ADDRESS	8800 N.W. 36 Street				
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33178				
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAURENCE BRODY	5.2 NAME					
STREET ADDRESS	8800-NW-36TH-STREET	5.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMLEL	5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dora B. Rubin 1/19/95 305-590-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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IVAX Corporation
8800 Northwest 36th Street
Miami, Florida 33178-2404
Telephone (305) 590-2200
Facsimile (305) 590-2252

January 18, 1995

Florida Secretary of State
Division of Corporations
Annual Reports
Caller Service #1500
Tallahassee, Florida 32302-1500

Re: Baker Norton U.S., Inc.


Gentlemen:

Enclosed herewith is the 1995 Corporation Annual Report on behalf of the above-referenced corporation. Also enclosed is a check in the amount of \$200.00 to cover the filing fees.

To evidence receipt of the above filing, please stamp the attached acknowledgment copy of this letter and return same to the undersigned in the stamped, pre-addressed envelope provided.

Very truly yours,

IVAX CORPORATION



Carole Amster
Legal Assistant

/ca
Enclosures
cc: Dora B. Rubin