Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90027 037 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519117

1. Corporation Name

BIO-RESOLIBOE TECHNOLOGY INC

DIO IILO	OUNCE TECHNOLOGY III								
Principal Place	e of Business	Mailin	ng Address						
4970 SW 52 ST		10220 NORTHWEST 25TH STREET							
DAVIE FL 33314	1-4553	PEMBROOKE PINES FL 33026				DO NOT WRITE IN THIS SPACE			
US							3. Date Incorporated or Qualifed		
							11/24/1976	,	Ì
		1.20 1/	ailing Address				4. FEI Number	Api	plied For
_ `	ace of Business	<u> </u>	alling Address				65-0388384	<u> </u>	t Applicable
21	#	26	uite, Apt. #, etc.					\$8.75 A	dditional
Suite, Apt.	#, etc.	27	ына, дрт. н, ото.				5. Certificate of Status Desired	Fee Re	quired
City & State			ity & State				6. Election Campaign Financing	\$5.00	May Be
\neg	0	28	.,				Trust Fund Contribution	Added t	
23 Zip	Country	Zi	ip	Cour	ntry		8. This corporation owes the current year	Intangible	
	25	29	·	30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer						10. Name and Address of New Register	ed Agent	
	o. Hamb and Hadibas o. Dailes				81	Name		•	
CUR	ran, robert f.			-	-	Ciana A Addre	ess (P.O. Box Number is Not Acceptable)	-	
7481	NORTHWEST 4TH STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NTATION FL 33317			1	83				
. –				L	\Box			100 25-7	2-4-
					84	City		85 Zip (-ode
	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, S	ection 607.0505, Flori	ida Statu	ites.		oration submits this statement for the purpose in s board of directors. I hereby accept the ap		
12.	Signature, typed or printed haine of registered age			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 T/T	LE			Change	☐ Addition
	REICHENBACH, DAVID L			1,2 NA	ME				ţ
NAME	10220 N.W. 25TH STREET			1.3 ST	REET	ADDRESS			Į
STREET ADDRESS	PEMBROKE PINES FL 33026-	1852				r 710			Į.
CITY-ST-ZIP	FEMERIONE I INCO I E SOCIE			1.4 CIT	TY-S1				
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IN-VANE		_	☐ DELETE	_	Œ	i-ar		☐ Change	Addition
077777 4000500			☐ DELETE	2.1 TIT 2.2 NA	LE ME			☐ Change	☐ Addition
STREET ADDRESS			☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	LE ME REET	ADDRESS		Change	-
CITY-ST-ZIP			☐ DELETE	2.1 TIT 2.2 NA	LE ME REET	ADDRESS		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NJ	TLE TY-S TLE TY-S TLE TY-S TLE TY-S TLE TY-S TLE	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	☐ Addition
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14. 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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: