

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

FILED

Feb 18 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 # **634532** (6)
1. Corporation Name
MICRIM LABS, INC.



| | |
|---|---|
| Principal Place of Business 800 E. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE FL 33334-3522 US | Mailing Address 800 E. CYPRESS CREEK RD. SUITE 202 FORT LAUDERDALE FL 33334-3522 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/30/1979 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | | | |
|---|--|--|---------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-1936507 | Applied For Not Applicable |
| | | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PISANI, JOHN V.
1661 E. OAK KNOLL CIRCLE
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

Signature: typed or printed name of registered agent and title if applicable

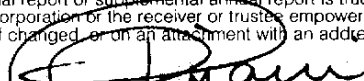
(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PISANI, JOHN V | 1.2 NAME | |
| STREET ADDRESS | 1661 E. OAK KNOLL CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PISANI, EDMONDO | 2.2 NAME | Kathy Pisanì |
| STREET ADDRESS | 4310 RUSSELL AVE., APT. #30 | 2.3 STREET ADDRESS | 1661 E. Oak Knoll Circle |
| CITY-ST-ZIP | LOS ANGELES CA 90027 | 2.4 CITY-ST-ZIP | Fort Lauderdale FL 33324 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PISANI, KATHY | 3.2 NAME | Denise M. Oguno |
| STREET ADDRESS | 1661 E. OAK KNOLL CIRCLE | 3.3 STREET ADDRESS | 1761 N.W. 96 Terrace Apt 14 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | 3.4 CITY-ST-ZIP | Pembroke Pines, FL 33024 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 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.

SIGNATURE



2/14/97 954-774-9400

CR2E034 (9/96)