
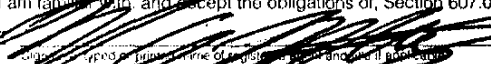
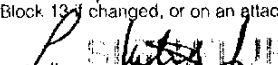


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 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 # F83868 (2)					
1. Corporation Name BIOMETRIC PRODUCTS INC.					
Principal Place of Business 6340 SW 69TH AVE. MIAMI FL 33143			Mailing Address 6340 SW 69TH AVE. MIAMI FL 33143-1942		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1982	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 07/16/1996	
22. City & State		27. City & State		4. FEI Number 59-2192538	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Country		31. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KATCHIS, LOUIS, JR 6340 SW 69TH AVE MIAMI FL 33143			10. Name and Address of New Registered Agent		
81. Name Michael A. Vandetty, Esquire			82. Street Address (P.O. Box Number is Not Acceptable) 16853 N.E. 2nd Avenue		
83. Suite #304			84. City North Miami Beach		
85. Zip Code 33162			86. State 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:  MICHAEL A. VANDETTY 4-24-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD KATCHIS, LOUIS, JR 6340 SW 69TH AVE MIAMI, FL 00000			1.1 TITLE VPD Terry Newton 3935 N.W. 75 Terrace, Lauderhill, FL 33319		
1.2 NAME KATCHIS, HELEN, ST JOHN 6340 SW 69TH AVE MIAMI FL			1.2 NAME STD Bernard Klockman 7390 N.W. 37th Court, Lauderhill, FL 33309		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE			2.1 TITLE		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE			5.1 TITLE		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 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:  SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

2/28/97 305.662.2172
Date Daytime Phone

0197655