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

FILED
May 01 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 # F92000000620 (6)

1. Corporation Name
INFUSX, INC.

Principal Place of Business
4306 Alton Road
Miami Beach
FL 33140

Mailing Address
8201 Beverly Blvd.
Los Angeles, CA 90048

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 04/96

2. Principal Place of Business
21 4306 Alton Rd
22 Suite, Apt. #, etc.
23 City & State: Miami Beach, FL
24 Zip: 33140 25 Country: Dade

2a. Mailing Address
26 8201 Beverly Blvd
27 Suite, Apt. #, etc.
28 City & State: Los Angeles, CA
29 Zip: 90048 30 Country: Los Angeles

4. FEI Number: 95-4359833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BELL, LESLIE F | | 1.2 NAME | |
| STREET ADDRESS | 8201 BEVERLY BOULEVARD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FIORE, MICHAEL T | | 2.2 NAME | |
| STREET ADDRESS | 8201 BEVERLY BOULEVARD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA 90048 | | 2.4 CITY-ST-ZIP | |
| TITLE | CFO | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUNDAHL, BLAIR S. | | 3.2 NAME | |
| STREET ADDRESS | 8201 BEVERLY BOULEVARD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA | | 3.4 CITY-ST-ZIP | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROMLEY-WILLIAMS, BARBARA | | 4.2 NAME | |
| STREET ADDRESS | 8201 BEVERLY BOULEVARD | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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4/25/97

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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:** _____ 213-966-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #