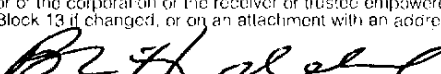


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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								
2. Principal Place of Business 21 4306 Alton Rd Suite, Apt. #, etc. 22 City & State 23 Miami Beach, FL Zip 24 33140 Country 25 Dade		2a. Mailing Address 26 8201 Beverly Blvd Suite, Apt. #, etc. 27 City & State 28 Los Angeles, CA Zip 29 90048 Country 30 Los Angeles		3. Date Incorporated or Qualified 12/11/1992 3a. Date of Last Report 04/96 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 7. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering.) DATE											
12. OFFICERS AND DIRECTORS TITLE PD ☒ DELETE NAME BELL, LESLIE F STREET ADDRESS 8201 BEVERLY BOULEVARD CITY-ST-ZIP LOS ANGELES CA 90048 TITLE VO ☒ DELETE NAME FIORE, MICHAEL T STREET ADDRESS 8201 BEVERLY BOULEVARD CITY-ST-ZIP LOS ANGELES CA 90048 TITLE CFO ☐ DELETE NAME HUNDAHL, BLAIR S. STREET ADDRESS 8201 BEVERLY BOULEVARD CITY-ST-ZIP LOS ANGELES CA TITLE SPS ☒ DELETE NAME BROMLEY-WILLIAMS, BARBARA STREET ADDRESS 8201 BEVERLY BOULEVARD CITY-ST-ZIP LOS ANGELES CA TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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: 			213-966-3400								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #								

CR2E034 (9/96)