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Apr 29 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 # F95000003425 (4)

1. Corporation Name

BIO-MAGNETIC THERAPY SYSTEMS, INC.



Principal Place of Business

1200 CLINTMOORE RD.
SUITE 14
BOCA RATON FL 33487

Mailing Address

1200 CLINTMOORE RD.
SUITE 14
BOCA RATON FL 33487-2731

2. Principal Place of Business

21 One South Ocean Blvd.

Suite, Apt. #, etc.
22 Suite 208

City & State

23 Boca Raton, FL

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 One South Ocean Blvd.

Suite, Apt. #, etc.
27 Suite 208

City & State

28 Boca Raton, FL

Zip

29 33432

Country

30 USA

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

09/24/1996

4. FEI Number

06-1329778

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

DALMEIDA, ARTHUR
105 EAST PALMETTO PARK RD.
BOCA RATON FL 33432

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE
NAME MARKOLL, RICHARD
STREET ADDRESS 17791 SAXONY COURT
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ DELETE
NAME BINDER-MARKULL, ERNESTINE J
STREET ADDRESS 17791 SAXONY
CITY-ST-ZIP BOCA RATON FL 33496

TITLE MD ☐ DELETE
NAME HELLER, EUGENE
STREET ADDRESS 117 TURTLE COVE LANE
CITY-ST-ZIP HUNTINGTON NY 11743

TITLE President ☐ DELETE
NAME Okuni, Serge
STREET ADDRESS Dorfplatz, PO Box 176
CITY-ST-ZIP CH-6300 Cham Switzerland

TITLE Executive V.P., CFO ☐ DELETE
NAME Tramuta, Joseph
STREET ADDRESS One S.Ocean Boulevard Suite 20
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/Director ☐ Change ☐ Addition
1.2 NAME Markoll, Richard
1.3 STREET ADDRESS 17791 Saxony Court
1.4 CITY-ST-ZIP Boca Raton, FL ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Joseph Tramuta Joseph Tramuta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97 (56) 394-4994
Date Daytime Phone #

CR2E034 (9/96)