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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99679

(5)

VALENTIS INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						Y IBIL BIBIH BIBIH BIBIH B	JEBU DIBEL FORL	
7314 COLLINS MIAMI BEACH		7314 COLLINS AVENUE MIAMI BEACH FL 33141			DO NOT WE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualific	bd		
					09/15/1982			
—	lace of Business	2a. Mailing Address			4. FEI Number	 +	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2222822	59-222822 Not Applicable		
22	#, 0 (C.	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Cour	ntry	8. This corporation owes or has paid the current year Inlangible			
24	25 29 30		30		Personal Property Tax due Ju	· m— /	□ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SIM	IOU, ANATOLE OTTO			SIMIOLI, ANATOLE OTTO				
11331 N W 16 CT				82 Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PINE FL 33026				150	145 COLLING AUB	F #102		
			ľ	B3 A/L	rest B		-	
			-	84 City, 95 Zip Cod			ip Code	
				MIA	MI BEACH	FL	B160	
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 a					equired when reinstating) ADDITIONS/CHANGES TO OF	DATE	ODC IN 12	
TITLE	OFFICERS AND DIRECTORS DELETE		13.	F]	P.	Change		
NAME	SIMIOLI, ANATOLE OTTO		1.2 NAI	1	Commercia A MOTOLOGIC		Viadrion	
STREET ADDRESS	11331 N W 16TH CT.		1	EET ADDRESS	Similar Paris	#70).		
CITY-ST-ZIP	PEMBROKE PINES, FL 00000			Y-ST-ZIP	Simioui Adatour (16646 COULIND AV 1 M. BRACH - FL	33160		
TITLE	DELETE		2.1 111		M. Doday 24 -	☐ Change	e Addition	
NAME			2.2 NA	1				
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP				
TITLE	DELETE		3.1 7(1)			☐ Change	e Addition	
NAME			3.2 NA			•	1	
STREET ADDRESS			3.3 STA	EET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			-	
TITLE		DELETE	4.1 TiTl	.E		Chang	e Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS			i	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 TITI	.E		Chang	e Addilion	
NAME			5.2 NA	AE			-	
STREET ADDRESS			5.3 STR	EET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELET e	6.1 TITI			☐ Chang	e Addition	
NAME			6.2 NA	AE .				
STREET ADDRESS			6.3 STR	FET ADDRESS				
CITY-ST-ZIP		\sim	6.4 CIT	r-\$1-ZIP			ľ	
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 0 1 440 0=(0)(1) Ct 11 0: 11	1.6 (1) (2) (1) (1)		

I 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 supplied entail 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 trusted 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, in or an attachment with an address.