

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H82789 (9)
1. Corporation Name
BICONIX SYSTEMS, INC.



Principal Place of Business Mailing Address
1360 NE 172 STREET 1360 NE 172 STREET
NORTH MIAMI BEACH FL 33162-2737 NORTH MIAMI BEACH FL 33162-2737
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1110 NE 170 ST	26 1110 NE 170 ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 NORTH MIAMI BEACH, FL	28 NORTH MIAMI BEACH, FL		
Zip	Country	Zip	Country
24 33162	25 USA	29 33162	30 USA

3. Date Incorporated or Qualified 10/28/1985	
4. FEI Number 59-2597933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAAB MOSHE 1360 NE 172 ST NORTH MIAMI BEACH FL 33162		81 Name RAAB, MOSHE 82 Street Address (P.O. Box Number is Not Acceptable) 1110 NE 170 ST 83 84 City NORTH MIAMI BEACH FL 85 Zip Code 33162	

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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, MOSHE	1.2 NAME	
STREET ADDRESS	1360 NE 172 STREET	1.3 STREET ADDRESS	1110 NE 170 ST
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, REBECCA	2.2 NAME	
STREET ADDRESS	1360 NE 172 STREET	2.3 STREET ADDRESS	1110 NE 170 ST
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, MENACHEM	3.2 NAME	
STREET ADDRESS	1110 N.E. 170TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* DATE: 2/18/98

CR2E034 (10/97)