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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

Sandra B. Morti

Secretary of Sta DIVISION OF CORPORTIONS

DOCUMENT # L66235

(7)

BIROMEX, INC.

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FILED

Apr 11 1997 8:00am

Secretary of State

Principal Place	Principal Place of Business Mailing Address								
4100 N POWER	LINE ROAD		4100 N POWERLINE ROAD NO. 25 POMPANO BEACH FL 33073-3083						
NO. 25	OLI EL 92079								
POMPANO BEA	OH FL 330/3	POMPANO BEACH	PC 330/3-3003			Date Incorporated or Qualified 04/18/1990		ite of Last F 28/1996	Report
	ace of Business	2a. Mailing Addres	SS			4. FEI Number	<u> </u>		pplied For
	1 N.W 3/A	VE 26				65-0210169		N	ot Applicable
Suite, Apt 1	#, etc.	Suite, Apt. #, 6	tc.			5. Certificate of Status Desired			Additional equired
City 9 Ctoto	PANO BENEH, P	City & State		*********		Election Campaign Financing Trust Fund Contribution			May Be to Fees
1 2112	Gooring	Zip	Co	untry	, ,	8. This corporation has liability for	intangible	tax under s	s. 199 .032,
24 330	69 25	29	30				Yes [
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	glatered .	Agent	
BIRO), MICHAEL J.			81	Name				
1108	B BELAIR DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptal	nle)		
HIGH	ILAND BEACH, FL 33487			L	01.001.700				
	•			83					
				84	City			85 Zip	Code
	······································			<u>L</u>		;	FL		
office or re	io the provisions of Sections 607 agistered agent, or both, in the S mifamiliar with, and accept the c	State of Florida, Such chang	e was authorize	ed by	the corporat	poration submits this statement for the lition's board of directors. I hereby acce	pt the app	changing i ointment as	ns registered s registered
SIGNATURE	Signature, typed or printed name of registers	ed argort and little if applicable	(NOTE Register	na he	ent sinnature requi	red when reinstating)	DATE		·
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
1-11.8	P	DEL		ITLE	·····			☐ Change	Addition
	BIRO, MICHAEL J.		1.21	IAME					
STREET ADDRESS	4014 N.W. 24 TERR.		13.9	TREET	ADDRESS				
CITY: ST-ZIF	BOCA RATON FL				ST - ZIP				
TITLE		□ DEL			77.4	(<u>(444-14-11) 177</u> -177-177-177-177-177-177-177-177-177		Change	Addition
NAM:			221	IAME	į.				
STREET ADORESS					ADDRESS				
CHY-ST-ZIP					ST-ZIP				
DILE		☐ DEL				the state of the s	····	Change	Addition
NAME			3.2 M	IAME				•	
STREET ADDRESS					ADDRESS				
CHY-ST-ZIF					ST-ZIP				
1stile		☐ D£L		ITLE				Change	Addition
NAM i			4.2	NAME					
STREET ADDRESS					ADDRESS				
City-S1-Zip					ST-ZIP				
THE		☐ DEL		ITLE				Change	Addition
NAME			5.21	AME					
STREET ADORESS					ADDRESS				
City-SI-78					ST-ZIP				
titl f	.,	DEL		ITLE				Change	Addition
NAME				MAME				_ •	
					T ADDRESS				
STREET ADDRESS									
CITY ST-79P			■ 6.4 €	AIY-5	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 inorcated 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 phanging, or on an attachment with an address.

SIGNATURE:

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appears in Block 12 or Block 13 if of

SIGNATURE:

PROFIT FLORIDA DEPARTMENT CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of Sta DIVISION OF CORPOR 1997 TIONS **DOCUMENT # L66235** BIROMEX, INC. Principal Place of Business Mailing Address 4100 N POWERLINE ROAD 4100 N POWERLINE ROAD NO. 25 NO. 25 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073-3083 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1990 03/28/1996 2. Principal Piace of Business 4. FEI Number 2a. Mailing Address Applied For 1101 N.W 31 AVE 65-0210169 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing YOM PANO BEACH. 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BIRO, MICHAEL J. 1106 B BELAIR DRIVE Street Address (P.O. Box Number is Not Acceptable) HIGHLAND BEACH, FL 33487 83 84 City Zin 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, typicd or printed name of registered agont and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1.1 TITLE DOM BIRO, MICHAEL J. NAM! 1.2 NAME 4014 N.W. 24 TERR. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 City-ST-ZIP CITY: \$1:20 DELETE Change ___ Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition 3.1 TITLE DILLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIF DELETE Change Addition 4.1 TITLE DILE NAMi 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition 5.1 TITLE ☐ Change THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CGY-SI-72 DELETE Change Addition 6.1 TITLE DILE 6.2 NAME MAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 00Y-St-742 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

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