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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	166235
1. Corporation Name	
DIDOMEN INTO	

BIROMEX,	INC.

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90124 006 \*\*\*300.00



Principal Place of Business	Mailing Address		
1101 NW 31 AVE			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
			04/18/1990
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For
21	26		65-0210169 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	Zip Cor 29 30	untry	8. This corporation owes the current year Intangible     Personal Property Tax. □ Yes □ No
			10. Name and Address of New Registered Agent
BIRO, MICHAEL J.		81 Nar	ne
1106 B BELAIR DRIVE		82 Stre	eet Address (P.O. Box Number is Not Acceptable)
HIGHLAND BEACH, FL 33487		83	
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the a	above-nam	ned 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

SIGNATURE   Signature, typed or pristed name of registered agent and tale if applications   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 TITLE   Change   Addition   A	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   BIRO, MICHAEL J. STREET ADDRESS   AD14 N.W. 24 TERR,   13 STREET ADDRESS   AD14 N.W. 24 TERR,   14 CITY-ST-2P   BOCA RATON FL   AD16   AD	SIGNATURE  Stepative, when or printed game of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating)  DATE							
TITLE   P						FICERS AND DIRECTOR	S IN 12	
STREET ADDRESS		P	LETE			Change	☐ Addition	
STREET ADDRESS	NAME	BIRO, MICHAEL J.		1.2 NAME				
CITY-ST-ZPP         BOCA RATON FL         14 CITY-ST-ZIP           TITLE         CHANGE         Addition           NAME         22 NAME         CITY-ST-ZIP           STREET ADDRESS         2 A CITY-ST-ZIP         CHANGE         Addition           TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         CHANGE         Addition           STREET ADDRESS         33 STREET ADDRESS         CITY-ST-ZIP         CHANGE         Addition           NAME         42 NAME         CHANGE         Addition           STREET ADDRESS         44 CITY-ST-ZIP         CHANGE         Addition           NAME         44 CITY-ST-ZIP         CHANGE         Addition           STREET ADDRESS         CHANGE         ADDELETE         ADDELETE         ADDELETE         ADDELETE         ADDRESS	STREET ADDRESS			1.3 STREET ADDRESS				
TITLE	CITY-ST-ZIP			1.4 CITY-ST-ZIP				
STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP			LETE	2.1 TITLE		Change	☐ Addition	
CITY-ST-ZIP	NAME			2.2 NAME				
TITLE	STREET ADDRESS			2.3 STREET ADDRESS				
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STREET ADDRESS   3.3 STREET ADDRESS	TITLE	DE	LETE	31 TITLE		Change	Addition	
CITY-ST-ZIP	NAME			3.2 NAME				
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54 CITY-ST-ZIP	NAME			5.2 NAME				
Change	STREET ADDRESS			5.3 STREET ADDRESS				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME				
CI11-01-2F	STREET ADDRESS			6.3 STREET ADDRESS				
44. I becarby cartify that the information symplicity with this filling does not qualify for the exemption stated in Section 119.07/3/ii). Florida Statutes, I further certify that the information								

I nereby certify that the information supplied with this liling 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 execute 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING