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

FILED **PROFIT** Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L82246 (4) AMERICAN BIOGIR CORPORATION Mailing Address Principal Place of Business 34650 US HWY 19 NORTH 34650 US HWY 19 NORTH **STE 208** DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34684 PALM HARBOR FL 34684 3. Date Incorporated or Qualified 06/21/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FFI Number 59-3025530 Not Applicable 26 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Crty & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. Yes □ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BIERLEY, JOHN C 111-EAST MADISON-STREET, OUITE 2000 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 401 E. Jackson St. Suite 2525 84 85 Zip Code City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change 1.1 TITLE TITLE UNK, FRITZ 1.2 NAME NAME **ODINWEG 31, 5060 BENSBER** 1.3 STREET ADDRESS STREET ADDRESS WEST GERMANY 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE LINK, ROBERT F. NAME 2.2 NAME US HWY 19 NORTH, STE 208 STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL CITY - ST - ZIP 2.4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE SAUDER, JURG 3.2 NAME NAME 7 BD DE PEROLLES 3.3 STREET ADDRESS STREET ADDRESS 1701 FRIBOURG SUISSE 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ver or trust e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3-23-98

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATIIRE

 I hereby certify that the information sur-indicated on this annual report or surf officer or director of the corporation Block 12 or Block 13 if changed,