FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # Cane BioKos motic, Onf Principal Place of Business Mailing Address 62715W. 248 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0215561 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City 8 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Counta SA Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 В3 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpoor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment with, and accept the obligations of Section 607.0505, Florida Statutes. se of changing its registered office itment 🌬 registered agent. Lam 1906 C SIGNATURE ad or princed name of register-of agent as it title it applies able (NCFE: Registered Agent signature recurred wher nearstablig 12. OFFICERS AND DIRECTORS Pls ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PS 7 NAME 1.2 NAME STREET ADDRESS L3 STREE: AUDRESS CITY - ST - ZIP 14 CITY-SI-7 P TITLE DELETE 2.11 NE Addition NAME 2.2 NAMS STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST. ZIF TITLE []] DELETE 3.170006 ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-SI-ZiP 3.4 CHY+ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 440 TY-ST ZP TITLE DELETE 5 1 TITLE 0000018887**5**0× Addition -07/10/96--01008--013 NAME 5.2 NAME STREET ADDRESS ***225.00 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY+ST_ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7IP

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I 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 the cath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Ekinda Statutes; and that my appears in Block 12 or Block 13 if changed, or on an attachment with an address 305-26144 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY - ST - ZIP