

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34539

(7)

1. Corporation Name

PREMIER BIORESOURCES, INC.



Principal Place of Business

Mailing Address

~~16500 NW 15TH AVE. STE 322~~
~~MIAMI FL 33169~~
~~US~~

~~16500 NW 15TH AVE. STE 322~~
~~MIAMI FL 33169~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 ~~5800 Park of Commerce Blvd. NW~~
Suite, Apt. #, etc.
22 Boca Raton, FL

26 ~~5800 Park of Commerce Blvd. NW~~
Suite, Apt. #, etc.
27 Boca Raton, FL

23 Boca Raton, FL

28 Boca Raton, FL

24 33487

Country

29 33487

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
05/01/1995

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FERNANDEZ, ALFRED J
~~16500 NW 15TH AVE.~~
~~MIAMI FL 33169~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

~~5800 Park of Commerce Blvd. NW~~

83

~~Boca Raton~~

FL

85 Zip Code
33487

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
FERNANDEZ, ALFRED J.
STREET ADDRESS
~~16500 NW 15TH AVENUE~~
CITY - ST - ZIP
~~MIAMI FL~~

2. TITLE ☐ DELETE

NAME
ALEXANDER, CONSTATINE
STREET ADDRESS
~~16500 NW 15TH AVENUE~~
CITY - ST - ZIP
~~MIAMI FL~~

3. TITLE ☐ DELETE

NAME
FERNANDEZ, ALFRED J.
STREET ADDRESS
~~16500 NW 15TH AVENUE~~
CITY - ST - ZIP
~~MIAMI FL~~

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, if an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-989-5800

CR2E034 (12/95)