

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052262 (1)**

1. Corporation Name
CELL-BIT, INC.

Principal Place of Business

Mailing Address

**7400 SW 50TH TERRACE
SUITE 100
MIAMI FL 33155
US**

**7400 SW 50TH TERRACE
SUITE 100
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1993

4. FEI Number

65-0492415

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

City & State

26

Zip

Country

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZADIKOFF, MARINA N
7400 SW 50TH TERRACE
SUITE 100
MIAMI FL 33155**

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **ZADIKOFF, GERALD**
STREET ADDRESS **9120 SW 125TH TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PTS** ☐ DELETE

NAME **ZADIKOFF, MARINA**
STREET ADDRESS **9120 SW 125TH TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE

NAME **ATTAR, MAMIE**
STREET ADDRESS **13876 SW 90TH AVE., FF-201**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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☒ Change ☐ Addition

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14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE

4/27/98

660 5700

CR2E034 (10/97)