

**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

**FILED**  
**Apr 23, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000039133 (1)**  
1. Corporation Name  
**STEM CELL, INC.**



Principal Place of Business  
**4900 OCEAN BLVD  
#1106 SEA RANCH CLUB C  
FT LAUDERDALE FL 33308  
US**

Mailing Address  
**10800 S.W. 69TH AVE.  
MIAMI FL 33156**

2. Principal Place of Business	2a. Mailing Address
21 <b>890 PERIWINKLE STREET</b>	26 <b>890 PERIWINKLE STREET</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>BOCA RATON, FLORIDA</b>	28 <b>BOCA RATON, FLORIDA</b>
24 <b>33486</b>	29 <b>33486</b>
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>05/24/1994</b>	3a. Date of Last Report <b>03/17/1995</b>
4. FEI Number <b>65-0493331</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LANDINO, ANTHONY M 4901 N.W. 17TH WAY SUITE 305 FORT LAUDERDALE FL 33309</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Dipnarine Maharaj*  
Signature typed in Block 12 or Block 13. Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHARAJ, DIPNARINE</b>	1.2 NAME	<b>MAHARAJ, DIPNARINE</b>
STREET ADDRESS	<b>10800 S.W. 69TH AVE.</b>	1.3 STREET ADDRESS	<b>890 PERIWINKLE STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33486.</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or person 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.

SIGNATURE: *Dipnarine Maharaj*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/96**  
Date

**\$7394-4468**  
Filing Fee

CR2E034 (12/95)