

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071115 (7)**

1. Corporation Name

SOUTHERN BIOMEDICAL RESEARCH INSTITUTE, INC.



Principal Place of Business

Mailing Address

**1865 BRICKELL AVE #411
MIAMI FL 33129**

**1865 BRICKELL AVE #411
MIAMI FL 33129**

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0526968

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

2. Principal Place of Business

2a. Mailing Address

875 S. Alhambra

875 S Alhambra

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Circle

Circle

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Zip

33146

33146

Country

Dade

Country

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANFT, JASON R
1865 BRICKELL AVE #411
MIAMI FL 33129**

81. Name

JASON R. HANFT

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

875 S. Alhambra circle

83. City

CORAL GABLES

84. State

FL

85. Zip Code

33146

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 ☐ DELETE
NAME **D HANFT, JASON R**
STREET ADDRESS **7401 SW 62ND AVE 5TH FLOOR**
CITY - ST - ZIP **SOUTH MIAMI FL 33243**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **HANFT, JASON**
1.3 STREET ADDRESS **875 S. Alhambra circle**
1.4 CITY - ST - ZIP **CORAL GABLES, FL 33146**

TITLE ☐ DELETE
NAME **D LANDSMAN, ADAM**
STREET ADDRESS **2100 LINCOLN PARK WEST APT 7A NORTH**
CITY - ST - ZIP **CHICAGO IL 60614**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (305) 669-9060

CR2E034 (3/96)