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

COÉPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000072642	(9
Cornoration Name		•

BROADSCOPE INTERNATIONAL, INC.



Principal Place of	f Business	Mailing Address			
3320 JAVA F		3320 JAVA PLUM AVI	Ē		
MIRAMAR FL	L 33025	MIRAMAR FL 33025			
				3. Date incorporated or Qualified	3a. Date of Last Report
				10/04/1994 4. FEI Number	06/09/1995
2. Principal Plac	ce of Business V·B·Dad Avenue	2a. Mailing Address	and and and	65-0523331	Applied For Not Applicable
Suite, Apt. #.		Suite, Apt. #, etc.			\$8.75 Additional
22	etc.	27 3111 Stirl	4. Road	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Wiam	i, filorida	28 Ft. Lauderd	lab , flor-cla	Trust Fund Contribution	Added to Fees
Zp	Country	ZP2224 D	Country	8. This corporation has liability for i	intangible tax under s. 199.032, ☐ No
24	9. Name and Address of Curren	1 Posistered Agent	30 7 . > . 4 .	Florida Statutes Yes 10. Name and Address of New R	
	g. Name and Address of Curren	i negistered Agent	81 Name		egiotot da Figoria
nenen/	OFN CAROL			earely Paderson	
	SEN, CAROL		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ile)
	AVA PLUM AVE AR FL 33025		83 2	of the Day	
MILLYND	AN FL 33025		3111	Stirling Road	
		^	84 City 2.4	Laudendele.	FL 85 Zip Code 3 3 3 3 4 2
11 Pursuant to	the provisions of Sections 607 0502	and 617.1508, Florida Statute	s the above named corpora	ation submits this statement for the pur	<u> </u>
or registered	the provisings of Sections 607,0502 diagent, of both, in the Mate of Florid i, and agree, the obligations of Sect	di. Sylch friange was authorize	d to the corporation's board	d of directors. Thereby accept the app	òintment as régistered agent. Lam
	i, and accept the doligations ii, sect	37.905. Florida Statutes.	ICARANU P	5098841 4	1221ai
SIGNATURE	ligrar ing fraces or printed name of polyron again	a Michigan Rabin	En Registered Agent signature regional	when rendange	04/24
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
THLE	D //	☐ DELETE	1 1 TITLE		Change 🗀 Addition
NAME	PEDERSEN, CAROL		1.2 NAME		
STREET ADDRESS	3320 JAVA PLUM AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CITY - S1 - 2IP		
TITLE	D	□ DEFEIF	2 1 11/1/6		Change Addition
NAME	zhang, Michael		2.2 NAME		
STREET ADDRESS	3320 JAVA PLUM AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		24 C(TY - ST - Z)P		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CRY - ST - ZIP		
TITLE		C DELETE	4. 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City St-ZiP		
TITLE		☐ DELETE	5 I TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 C-TY-ST-Z-P		
TIBLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STHEFT ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14 I do bereby	certify that the information supplied	with this filing is voluntarily furn	shed and does not qualify for	or the exemption stated in Section 119	J.07(3)(k), Florida Statutes. I further

reduced in section in 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 office 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 an address

SIGNATURE:

NO OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)