

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085671 (3)

1. Corporation Name

DIABETIX, INC.



Principal Place of Business

Mailing Address

6991 N.W. 82ND AVE., #12-C
MIAMI FL 33166

6991 N.W. 82ND AVE., #12-C
MIAMI FL 33166

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 6991 NW 82nd AVE 26 6991 NW 82nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 15-C

27 SUITE 15-C

City & State

City & State

23 MIAMI

28 MIAMI

Zip

Country

Zip

Country

24 FL

25 33166

29 FL

30 33166

4. FEI Number

65-0540700

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTES, EDWARD O
6991 N.W. 82ND AVE., #12-C
MIAMI FL 33166

81 Name

MONTES, EDWARD O

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

6991 NW 82 AVE #15-C

83

MIAMI

84 City

FL

85 Zip Code

33166

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 provisions 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

EM Montes

PRESIDENT

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MONTES, EDWARD O
STREET ADDRESS 6991 N.W. 82ND AVE., #12-C
CITY-ST-ZIP MIAMI FL 33166

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MONTES, ANTHONY C
STREET ADDRESS 6991 N.W. 82ND AVE., #12-C
CITY-ST-ZIP MIAMI FL 33166

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

TITLE D ☐ DELETE
NAME MONTES, ALEXANDER J
STREET ADDRESS 6991 N.W. 82ND AVE., #12-C
CITY-ST-ZIP MIAMI FL 33166

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EM Montes

4/15/96

(305) 591-4017

CR2E034 (12/95)