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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000022206 (3)

1. Corporation Name  
ALTHEO, INC.



Principal Place of Business  
19918 NE 19TH CT  
N MIAMI BCH FL 33179  
US

Mailing Address  
19918 NE 19TH CT  
N MIAMI BCH FL 33179-1674  
US

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/20/1995  | 3a. Date of Last Report<br>03/07/1996 |
| 4. FEI Number<br>65-0578624  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

HUME, JOHN  
% HUME & JOHNSON, P.A.  
1401 UNIVERSITY DR., SUITE 301  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------------|---|--|
| TITLE                      | DPT                              | 1.1 TITLE   |  |
| NAME                       | O'HAYON, ALAIN                   | 1.2 NAME  |  |
| STREET ADDRESS             | 19918 NE 19TH CT                 | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | N MIAMI BCH FL                   | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DVS                              | 2.1 TITLE   |  |
| NAME                       | GELMAN, THEODORE                 | 2.2 NAME  |  |
| STREET ADDRESS             | 1554 W 25TH ST, SUNSET ISLAND #2 | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MIAMI FL                         | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                  | 3.1 TITLE   |  |
| NAME                       |                                  | 3.2 NAME  |  |
| STREET ADDRESS             |                                  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                  | 4.1 TITLE   |  |
| NAME                       |                                  | 4.2 NAME  |  |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                  | 5.1 TITLE   |  |
| NAME                       |                                  | 5.2 NAME  |  |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                                  | 6.1 TITLE   |  |
| 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAIN O'HAYON

Date

(305) 358-7077

Daytime Phone

CR2E034 (9/96)