FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthany

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 19 1997 8:00am

Secretary of State

DOCUMENT # P95000025114 (6)

BIO PRODUCTIONS. INC.

14. I do hereby certify that the information supplied with information indicated on this annual report or supple I am an officer or director of the corporation or there appears in Block 12 or Block 13 if changed, or on an annual report.

Principal Place	e of Business	Mailing Address			
P.O. BOX 560186		P.O. BOX 560186			
MIAMI FL 33156 MIAMI FL 33256-0186					
					14: 3: 4: 5
				3. Date Incorporated or Qualified	3a. Date of Last Report 04/02/1996
2. Principal P	lace of Business	2a. Mailing Address		03/29/1995 4. FE! Number	04/02/1830 Applied For
21		26		65-0577724	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			60.75
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New Reg	Yes No
3 000		it negleteled Agelit	81 Marmen		listered Afferti
	ETZ, STEVEN I		MICHA	er CAMILLERY	
	O MIAMI CENTER SOUTH BISCAYNE BLVD.		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
	MI FL 33131		83	0 = = -	0 570
MIPO	MI FL 33131		888	80 3 Hit - 6	Suite 500
•			84 City	PAUDORDACE	FL 85 Zip Codo 5
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named corp	oration submits this statement for the pr	rpose of changing its registered
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.					
		alions 01, acciloir 007,0303, 11	Oldo Maloles	6	1/1/20
SIGNATURE	Signature, typed or printed name of registered ago	ont and title if applicable (NO	E: Registered Agent signature require	ed when reinstaining)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME	BITZ, MICHAEL D		1.2 NAME		
STREET ADORESS	P.O. BOX 560186		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	DELFTE	1.4 CITY - ST - ZIP		Change Addition
TITLE		FT DECEIE	2.1 YITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME '			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - 2IP	•	
TITLE		☐ DELETE	4.1 T/ILE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1)Y-S1-2IP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		MILLaha
STREET ADDRESS			5.3 STREET ADDRESS		DI 101141912
CITY-ST-ZIP			5.4 C(1Y-S1-ZIP		1 4/1//
TITLE		☐ DELETE	6.1 TITLE	90000221 -06/19/970109	Change Addition
NAME		. آس	6.2 NAME	-06/19/970109	12009
STREET ADDRESS		W	6.3 STREET ADDRESS	***165 00	

6.4 CITY - ST - ZIP

it with an address.

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name