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

FILED **PROFIT** Jun 08 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 1. Corporation Name P95000025114 (6) BIO PRODUCTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 560186 MIAMI FL 33156 P.O. BOX 560186 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1995 2a. Mailing Address 4. FEI Number Applied For 26 65-0577724 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Z_{1D} Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No □ No 29 30 Personal Property Tax due June 30 10. Name and Address of New Registered Agent Address of Current Registered Agent 81 Name CAMILLERI, MICHAEL ADORNO & ZEDER Street Address (P.O. Box Number is Not Acceptable) 82 888 SE 3RD AVE - SUITE 500 83 FT LAUDERDALE FL 33335 84 City 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 INOTE Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE Addition TATLE NAME BITZ, MICHAEL D 1.2 NAME SW 131 ST P.O. BOX 560186 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIF 14 CHY-\$1-7P DELETE Change Addition TOLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CIPY-ST-ZIP 2. 4 CITY-SI-2# DEFE Change Addition TULF 3.1 TITLE # AME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TILLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition TITLE 6.1 TITLE 200002552: NAME 62 NAME -06/09/98--01018---008 STREET ADDRESS 6.3 STREET ADDRESS ***150.00

64 CITY - ST - ZIP

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information oot is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

14. Thereby certify that the information supplied with indicated on this annual report or suppliemental officer or director of the corporation or the recognical supplied by the supplied by t