P950051698 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

100001586501 -07/13/95--01009--003 ****131.25 ****131.25

SUBJECT:	BIOMEDICAL TECHNIC	Sprier INTERU	IATIONAL INC.	,
	(Proposed corporate	name - must include si	iffix)	
Enclosed is an or for: \$70.00 Filing Fee		\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FR	OM: EDUARDO Name	M Floses (printed or typed)		1/17/95
	<u> </u>) 15\s\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		F 13145 ry, State & Zip		
		46 - 9 13q Telephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15781 NW 757 PEMBROKE PINES , FI 33038

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES AT \$\frac{1}{200}\$ PFR SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDUARDO M FLORES 2612 SW 155F MIAMI, FL 33145

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

EDVARDO M FLORES 2812 SW 153T MIAMI, FL 23145

BEATRI 2 LOSADA 15781 NW 757 PEMBCOKE PIUEL , FT 33028

The under	signed in	corporator(s) has(have) execute	Articles of Incorporation this		
16 ТН	day of _	July ,			
		A) uOuOa			
		Signature Signature			
		/4=Signature			
		Signature			

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corp	oration is:	BIONEDICAL	LECH nopolier	LHEERNATIONA	INC.
2. The name and addre	ss of the regist	ered agent and	office is:	\$1. 7. 1.	72
<u></u>	EDUAR	DO M FO	kP.	•	の日
		SW 15 (T K or Mail Drop Box	NOT ACCEPTABLE)	".
	Ні Ані	FORIDA CONTENTAL	33145 VZIP)		
Having been named as corporation at the place agent and agree to act to relating to the proper an obligations of my positions.	e designated in in this capacit ed complete pe	this certificate y. I further agr rformance of m	I hereby accept ee to comply wit	the appointment as h the provisions of a	registered all statutes
- Jup	(Signature	3)	<u> </u>	7 - 10 - 95 Date)	

P9500054698

TO & STATE DEPT. DIVISION OF CORPORATION

From? Eduardo H Flores 2812 SW 15.51 Miami (Fl 33145

DEAR SIRJ,

ATTACHED THERE IS A COPY OF THE ARTICLES OF DISSOLUTION OF BIOMEDICAL TECHNOLOGIES TUTERNAHONAL INC. WHEN THIS FORM I ALSO INCLUDED A CHECK FOR \$35.00 AS REQUESTED.

sincekely, Ed Flores 95 AUG 17 AN II: 03
SECRETARY OF STATE
TALLANASSEE, FLORIDA

P.S MY TELEPHONE # 15 (305) 446-8239

500001563275 -08/17/95--01041--001 ******35.00 ******35.00

10.15

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:
FIRST: The name of the corporation is BIOHENCAL TECHNOLOGIES TUTEPUADOUAL INC.
SECOND: The articles of incorporation were filed on 7-12-45
THIRD: (CHECK ONE)
None of the corporation's shares have been issued.
The corporation has not commenced business.
FOURTH: No debt of the corporation remains unpaid.
FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH: Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
Signed this 14 day of AUGUST , 19 95
Signature (By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)
EDUARDO M FIORES (Typed or printed name)
(Typed or printed name) DYCE(IDE)