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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000055798 (9)

BIOMEDIC INTERNATIONAL SYSTEMS CORP.

8210 NORTH 72 AVENUE HOLLYWOOD FL 33024		3210 NORTH 72 AVENUE HOLLYWOOD FL 33024-2407					
						e of Last R 1/1996	Report
2. Principa! Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	<del></del>	pplied For
21		26			65-0594108	65-0594108 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution		to Fees
Zφ <del></del> -	Country	7ip	Coun	try	8. This corporation has liability for intangible t	ax under s l No	s. 199.032,
24	25 9. Name and Address of Curre	29 29 Agent	30		Fiorida Statutes		
VAR	ELA, JORGE R	on riogistorou rigorit	- 1	31 Nam		<u>•</u>	
	NORTH 72ND AVE		Į.	20.	10.0 C. N N N. A		<del></del>
HOLLYWOOD FL 33024			'	32 Stree	et Address (P.O. Box Number is Not Acceptable)		
			Ī	33			
:			1	B4 City		<b>85</b> Zip	Code
		:			<u> </u>	<u> </u>	
office or r agent. I a	to the provisions of Sections 607.0t registered agent, or both, in the Sta rm familiar with, and accept the obt	te of Florida. Such change was a	authorized	by the c	ed corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appo	intment as	registered
SIGNATURE	Stoy above, hyperficing often cause of migotested a	igent and tile Lappincable. (NOT		Agent signa	ature required when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
III E	PSTD VARELA, JORGE R	☐ DELETE	11 TIT		. '	Change	Addition
NAME	3210 NORTH 72 AVENUE		1 2 NA5				
STREET ADDRESS	HOLLYWOOD FL 33024			EET ADDRES	55		
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.STREET ADDRESS				EET ADDRES	39		
-CITY-ST-ZIP TITLE		DELETE	6.1 TO	V-ST-ZIP F		Change	Addition
NAME		perent	6.2 NA				'.
				REET ADDRES	22:		
STREET ADDRESS				Y-ST-ZIP			
14. I do here	Leby certify that the information supp	lied with this filing does not quali	ify for the	exemptio	on stated in Section 119.07(3)(i), Florida Statutes, I further	certify tha	it the
informatio	on indicated on the openial toroid o	r supplemental annual report is t or the receiver or trustee empoy	true and a vered to e	courate a	and that my signature shall have the same legal effect as his report as required by Chapter 607, Florida Statutes, an	it made u	nder oam: ma

SIGNATURE:

TOR SE NOTIFE OF PRESIDENT

1/14/97

V954-985-105

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Phone #