**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90063 036 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073529

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

LIFECELL TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business Mailing Addre	ss			e indliede us enter ante beter ante balle man		
3172 VIRGINIA ST 3172 VIRGINIA						
CONCONUT GROVE FL 33133 COCONUT GROVE FL 33133 US		3		DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a. Mailing Ad	idress			4. FEI Number	Α	pplied For
21				65-0609143	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt.	. #, etc.			5. Certifcate of Status Desired		Additional
27	<del></del>	<u></u>		<b>0.</b> 00. 11. 10. 10. 10. 10. 10. 10. 10. 10.		lequired
City & State City & Sta	ite			6. Election Campaign Financing		)÷ <del>May</del> :Be-≔==
23 28				Trust Fund Contribution		to Fees
Zip Country Zip	_	Country		8. This corporation owes the current ye		□No
24 25 29	30	0]		Personal Property Tax.	∐Yes_	Пио
9. Name and Address of Current Registered Ager	<u>nt</u>	81	Mama	10. Name and Address of New Regist	tered Agent	
DEDOV JEAN		61	Name			
BERRY, JEAN		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
3172 VIRGINIA ST						
CONCONUT GROVE FL 33133		83	Ì			1
		84	City		FI 85 Zip	Code
<u>,</u>			I			
44. Durant to the provisions of Sections 607 0502 and 607 1508 El	orida Statutas	the above	e-named co	reporation submits this statement for the purpo	ose of changing it	s registered
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florifice or registered agent, or both, in the State of Florida. Such ch	ange was auth	norized by	tne corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the	ose of changing it appointment as r	s registered egistered
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6.4 CITY-ST-ZIP

14. I 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 of 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, of on an attachment with an address, with all other like empowered.