

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

FILED

May 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076871**

1. Corporation Name

**ADVANCED MOLECULAR FORMULAS, INC**

Principal Place of Business

Mailing Address

**11996 GLENMORE DR  
CORAL SPRINGS, FL 33071**

3. Date Incorporated or Qualified

3a. Date of Last Report

**11/95**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

Applied For

**65-0684652**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMORI LAWYER Chartered  
343 ALMERIA AVE  
CORAL GABLES, FL 33134**

81 Name

**ANGEL NUNEZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**11996 GLENMORE DR**

83

84 City

**CORAL SPRINGS FL**

FL

85 Zip Code

**33071**

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

**ANGEL NUNEZ**

**4/29/97**

Signature, typed or printed name of officer, director, and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**ANGEL NUNEZ President**

☐ DELETE

NAME

**11996 GLENMORE DR**

STREET ADDRESS

**CORAL SPRINGS, FL 33071**

CITY-ST-ZIP

TITLE

**GEORGE RODRIGUEZ**

☐ DELETE

NAME

**11996 GLENMORE DR**

STREET ADDRESS

**CORAL SPRINGS - FL 33071**

CITY-ST-ZIP

TITLE

**VICE PRESIDENT**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**700002206877**

**-06/10/97--01006--021**

**\*\*\*165.00**

14. I do 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 or 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/97**

Date

**345-3652 (954)**

Daytime Phone

CR2E034 (9/96)