

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

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000080813 (5)

1. Corporation Name

BIO SUPPLIER-MIAMI, INC.

Principal Place of Business

Mailing Address

10890 NW 8TH CT.  
BLDG. 16  
PLANTATION FL 33324  
US

P.O. BOX 16574  
PLANTATION FL 33318  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number

65-0615503

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3723 SW 59 AV Suite, Apt. #, etc.	26 P.O. Box 290872 Suite, Apt. #, etc.
22 City & State	27 City & State
23 DAVIE, FLORIDA Zip Country	28 DAVIE, FLORIDA Zip Country
24 33314 25 US	29 33329 30 US

9. Name and Address of Current Registered Agent

LOPEZ-LUNA, LINO  
1648 FUNSTON ST. #1  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name  
LOPEZ - LUNA, LINO  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2162 NOVA VILLAGE DRIVE  
84 City  
DAVIE FL 85 Zip Code  
33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	RODRIGUEZ, JENIFER	1.2 NAME	JHON, BETTY
STREET ADDRESS	1904 PLAYERS PLACE	1.3 STREET ADDRESS	3723 SW 59 AV
CITY-ST-ZIP	N. LAUDERDALE FL	1.4 CITY-ST-ZIP	DAVIE, FL
TITLE	VSD	2.1 TITLE	VS
NAME	RODRIGUEZ, JOHN	2.2 NAME	RODRIGUEZ, JENIFER
STREET ADDRESS	1904 PLAYERS PLACE	2.3 STREET ADDRESS	1904 PLAYERS PLACE
CITY-ST-ZIP	N. LAUDERDALE FL	2.4 CITY-ST-ZIP	N. LAUDERDALE, FL
TITLE		3.1 TITLE	C
NAME		3.2 NAME	RODRIGUEZ, KAREM
STREET ADDRESS		3.3 STREET ADDRESS	23 ROSSEAU RD - 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DOWNSVIEW, ONT. M3H 3G1
TITLE		4.1 TITLE	M
NAME		4.2 NAME	RODRIGUEZ, JONATHAN
STREET ADDRESS		4.3 STREET ADDRESS	10890 NW 8th COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION, FL
TITLE		5.1 TITLE	S
NAME		5.2 NAME	RODRIGUEZ, CHRISTOPHER
STREET ADDRESS		5.3 STREET ADDRESS	10890 NW 8th COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

BETTY JHON, DIRECTOR 04/08/98 (954) 316-2019

CP2E034 (10/97)