SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000087187 (7)**

1. Corporation Name

MEDICAL RESEARCH INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2699 STIRLING ROAD STE C-407 FORT LAUDERDALE FL 33312	2699 STIRLING ROAD STE C-407 FORT LAUDERDALE FL 33312

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report:

2. Principal Place of Business: 21 6200 STIRLING ROAD
Suite, Apt. #, etc.: 22
City & State: 23 DAVIE, FL.
Zip: 24 33024 Country: 25 BROWARD

2a. Mailing Address: 26 6200 STIRLING ROAD
Suite, Apt. #, etc.: 27
City & State: 28 DAVIE, FL.
Zip: 29 33024 Country: 30 BROWARD

4. FEI Number: 65-0623907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

TISHMAN, WILLIAM J
18901 OAKMONT DRIVE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	TISHMAN, WILLIAM J	
STREET ADDRESS	18901 OAKMONT DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	☐ DELETE
NAME	TISHMAN, WILLIAM J	
STREET ADDRESS	18901 OAKMONT DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	☑ Change ☐ Addition
1.2 NAME	TISHMAN, WILLAM J.	
1.3 STREET ADDRESS	18901 OAKMONT DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☐ Change ☑ Addition
3.2 NAME	DR. JONAH BOTKNECHT	
3.3 STREET ADDRESS	3230 N. 36th STREET	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/13/96 (954) 964-6774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM J. TISHMAN