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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002710 (7)

AGRIBIO, INC.

Principal Place of Business

Mailing Address

12555 BISCAYNE BLVD. #430 NORTH MIAMI FL 33181

12555 BISCAYNE BLVD. #430 NORTH MIAMI FL 33181

FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

_							01/09/1996		
2. Principal Pl	lac e of Busin	ess	2a. Mailing Address				4. FEI Number	Applied For	
21			26				65-0640440		t Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.						Additional
22			27					Fee Re	
City & State	9		City & State						May Be
Zip	 1	Country				· · · · · · · · · · · · · · · · · · ·			o Fees
24	ŀ	25	 1	├ ─¬	n nu y		8. This corporation owes or has paid the current yellow Personal Property 1ax due June 30.	_	angible TNo
24			29 Agent	30	Γ		10. Name and Address of New Registered Agent		J 140
Name and Address of Current Registered Agent						Name	10, Hallo Blid Madicas of Hotel Hagistona Mgall		
GOLDFARB, NANCY									
9550 BROADVIEW TERR BAY HARBOUR FL 33154					82	2 Street Address (P.O. Box Number is Not Acceptable)			
					83	3			
					["]				
					84	City	FL ⁶⁵	Zip (Code
44 Durauant t	lo the provini	one of Continue 607 OFO	2 and 607 1609 Florida C	tatutos the al		named of		ding.	o registered
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 tills it applies the (NOTE Registered Agent signature required when reinstating) (DATE									
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR	S IN 12
TITLE	D		DELETE	1110	TLE		CI	hange	☐ Addition
NAME	GOLDFA	RB, NANCY		1.2 NA	AME				
STREET ADDRESS)	1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	NORTH #	/IAMI FL 33181		1.4 CI	1Y-S1	T-ZIP			
TITLE	D		DELETE	2.1 TII	TLE.		☐ Cr	nange	Addition
NAME	DANZIGE	r, robert		2.2 NA	ME				
STREET ADDRESS	12555 BI	SCAYNE BLVD. #430)	2.3 ST	2.3 STREET ADDRESS				
CiTY-ST-ZIP	NORTH N	ALAMI FL 33181		2.4 C	ITY-S	51 - ZIP			
TITLE			DELETE	3.1 TII	ſŁΕ		Cr	hange	Addition
NAME				3 2 NA	ME				
STREET ADDRESS				3 9 ST	REET.	ADDRESS			
CITY-ST-ZIP				3.4. CI	IY-S	T - Z(P			
TITLE			☐ DELETE	4.1 111		1	□ Ch	nange	Addition
NAME				4. 2 N	AME				ļ
STREET ADDRESS				4.3 ST	REFT.	ADDRESS			
CITY-ST-ZIP				4.4 CI	TY-ST	1-7IP			
TITLE			☐ DELETE				C	nange	Addition
NAME				5 2 NA	ME				
STREET ADDRESS				5.3 ST	REFT	ADDHESS			
CITY-ST-ZIP				5.4 CII		i			
TITLE			DELETE	61 TII		1	□ Cr	nange	Addition
NAME				6.2 NA	ME			-	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				6.4 CIT		- 1			
14. I hereby co	ertify that the	information supplied w	ith this filing does not qual	ify for the exc	mpt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify the	at the	information
indicated o	on this annua	I report or supplementa	annual report is true and	accurate and	l tha	it my signa	ature shall have the same legal effect as if made under oa	ith; tha	t Lam an