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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000008743

1. Corporation Name

NEUROTECHS BUSINESS, INC.

Principal Place of Business	Mailing Address
7243 International Drive Orlando, Florida 32819	7243 International Drive Orlando, Florida 32819

3. Date Incorporated or Qualified: 01/26/96
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5850 Lakehurst Drive	26 5850 Lakehurst Drive
Suite, Apt. #, etc. 22 Suite 150-10	Suite, Apt. #, etc. 27 Suite 150-10
City & State 23 Orlando Florida	City & State 28 Orlando Florida
Zip: 24 32819 Country: 25 USA	Zip: 29 32819 Country: 30 USA

4. FEI Number: 59-3373718 ☐ 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	10. Name and Address of New Registered Agent
FERNANDEZ, EDUARDO 501 Brickell Key Drive Suite 400 Miami, Florida 33131	81 Name 82 Street Address (P.O. Box Numbers 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, 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 (and, if applicable, as RA) and accept the obligations of Section 607.0505, Florida Statutes.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE Carlos, Jose Roberto 7243 International Drive Orlando, Florida 32819	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D ☒ Change ☐ Addition Carlos, Jose Roberto 5850 Lakehurst Drive, Ste 150-10 Orlando, Florida 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ DELETE Giovanni, Jose Ruy 7243 International Drive Orlando, Florida 32819	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ☒ Change ☐ Addition Giovanni, Jose Ruy 5850 Lakehurst Drive, Ste 150-10 Orlando, Florida 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 5-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 700002175827 -05/13/97--01003--013 ***165.00

CR2E034 (9/96)

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