

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

FILED

Aug 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000013791**  
1. Corporation Name

**XOCHI BIOSYSTEMS, INC.**

Principal Place of Business Mailing Address  
**795 BIANCA DR NE**  
**PALM BAY, FL 32905** **SAME**

2. Principal Place of Business 21 <b>2330 WEST NEW HAVEN DR</b> 26 Suite, Apt. #, etc.		2a. Mailing Address 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>2/9/96</b>		3a. Date of Last Report	
22 City & State 23 <b>MELBOURNE, FL</b>		27 City & State		4. FEI Number <b>59-3357842</b>		Applied For Not Applicable	
24 Zip <b>32904</b> 25 Country <b>BREVARD</b> 29		30		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State <b>MELBOURNE, FL</b>		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>32904</b> 25 Country <b>BREVARD</b> 29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DENNIS HERTFELDER</b> <b>795 BIANCA DR NE</b> <b>PALM BAY, FL 32905</b>				10. Name and Address of New Registered Agent 81 Name <b>RON GALLAGHER</b> 82 Street Address (P.O. Box is acceptable) <b>390 NARRAGANSETT ST NE</b> 83 84 City <b>PALM BAY</b> 85 Zip Code <b>FL 32907</b>			
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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 *Ronald Gallagher*

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

DATE

**8-11-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PRESIDENT</b>	<b>JOSE IRIZARRY</b>	<b>SARATOGA APTS 101</b>				
		<b>CYPRESS BROOKS CIR #805</b>	<b>MELB, FL 32901</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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:

*Jose Irizarry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/12/97**

**722-0095**

CR2E034 (9/96)

**PE 8.20**