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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013791

XOCHI BIOSYSTEMS, INC.

Principal Place of Business 2330 WEST NEW HAVEN DR. Mailing Address

2330 WEST NEW HAVEN DR.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90001 002 ***150.00



	. 32904	MELBOURNE FL 32904			DO N	DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or 02/09/1996	Qualifed			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
1		26			<u>59-3357842</u>		N	ot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				esired		Additional equired	
City & State		City & State			6. Election Campaign Fir	nancing —	\$5.00	May Be	
3	•	28			Trust Fund Contribution	- 11	•	to Fees.	
Zip	Country	Zip	Cou	intry	8. This corporation owes	the current year In	tangible		
4	25	29	30		Personal Property Tax	-	Yes	IZNo _	
)	9. Name and Address of Curre		11	Ţ	10. Name and Address of	of New Registered	Agent		
				81 Name					
GALLAGHER, RON				00 Ct-+ 04	Address (D.O. Bey Number is Not	Acceptable)			
390 (NARRAGANSETT ST NE			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)				
PALN	M BAY FL 32907			83					
				84 City		FL	85 Zip	Code	
	to the provisions of Sections 607.05	00 -d 007 4500 Flydda Statu	ina tha a	have named	perpendion submits this statemen			s registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was	autnorized	oy the corpu	oration's board of directors. I here	by accept the appo	ointment as re	egistered	
SIGNATURE		A STATE OF THE STA			equired when reinstating)	DATE			
	Signature, typed or printed name of registered ag	entancique l'applicable (NO)	E: Registered	Agent signature r					
12.		ND DIRECTORS	E: Registered	Agent signature r	ADDITIONS/CHANGES	S TO OFFICERS A			
		<u> </u>			ADDITIONS/CHANGES		ND DIRECT Change		
12.	OFFICERS A	ND DIRECTORS	13.	TLE	ADDITIONS/CHANGES				
12. TITLE NAME	P IRIZARRY, JOSE	ND DIRECTORS	13. 1.1 TI 1.2 N/	TLE	ADDITIONS/CHANGES		Change		
12. TITLE NAME STREET ADDRESS	P IRIZARRY, JOSE SARATOGA APTS. 101 CYPR	ND DIRECTORS	1.1 TF 1.2 N/ 1.3 ST	TLE AME TREET ADDRESS	ADDITIONS/CHANGES		Change		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRIZARRY, JOSE	ND DIRECTORS	1.1 TF 1.2 N/ 1.3 ST	TLE AME TREET ADDRESS	PETER LEHMAN' 174 KYLINEBLUD. SATELLITE REACH	14, FL 324	Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P IRIZARRY, JOSE SARATOGA APTS. 101 CYPR	ND DIRECTORS DELETE ESS BROOKS CIR. 850	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	TLE AME TREET ADDRESS	PETER LEHMAN' 174 KYLINEBLUD. SATELLITE REACH	14, FL 324	Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P IRIZARRY, JOSE SARATOGA APTS. 101 CYPR	ND DIRECTORS DELETE ESS BROOKS CIR. 850	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	TLE AME TREET ADDRESS	PETER LEHMAN' 174 SKYLINE BLUD. SATELLITE BEACH RONALD CALLAGH	4, FL 37	Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P IRIZARRY, JOSE SARATOGA APTS. 101 CYPR	ND DIRECTORS DELETE ESS BROOKS CIR. 850	13. 1.1 TI 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	PETER LEHMAN' 174 SKYLINE BLUD. SATELLITE BEACH RONALD CALLAGH	4, FL 37	Change	Addition	
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oddr, that fail 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, with all other like empowered.

GNATURE:

**The Accuracy 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, with all other like empowered.

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**The Accuracy 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, with all other like empowered.

**The Accuracy of the Corporation of 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. With all other like empowered.

**The Accuracy of the Corporation of 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 12 or Block 13 if changed in the corporation of the receiver of the Corporation of the