


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90279 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000026364**

1. Corporation Name
CELL PARTS, INC.

Principal Place of Business
**5416 N.W. 72ND AVENUE
MIAMI FL 33166**

Mailing Address
**5416 N.W. 72ND AVENUE
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0661093

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **3400 NW 114 AVE**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

Zip

24 **33178**

Country

25 **U.S.A**

2a. Mailing Address

26 **3400 NW 114 AVE**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL**

Zip

29 **33178**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**BENHAMU, CAROLINA
5416 N.W. 72ND AVENUE
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

Benhamu, CAROLINA

82 Street Address (P.O. Box Number is Not Acceptable)

3400 NW 114 AVE

83

84 City

MIAMI FL

FL

85 Zip Code

33178

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BENHAMU, CARLOINA**
STREET ADDRESS **5416 N.W. 72 AVE**
CITY-ST-ZIP **MIAM FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Benhamu, CAROLINA**
1.3 STREET ADDRESS **3400 NW 114 AVE**
1.4 CITY-ST-ZIP **MIAMI FL 33178**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

305-884-4800

Daytime Phone #

0243558

CR2E034 (1/1/98)