

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037884 (9)**

1. Corporation Name

ETHIGEN CORPORATION

Principal Place of Business

**13230 NW 11TH DRIVE
FORT LUADERDALE FL 33323**

Mailing Address

**13230 NW 11TH DRIVE
FORT LUADERDALE FL 33323-2852**

3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 2601B W. DAVIE BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 2601B W. DAVIE BLVD.

Suite, Apt. #, etc.

4. FEI Number

65-0011737572

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

City & State

23 FORT LAUDERDALE, FL

Zip

24 33312

Country

25 U.S.A.

City & State

28 FORT LAUDERDALE, FL

Zip

29 33312

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**BARAGANO, MARIA E
13230 NW 11TH DRIVE
FORT LUADERDALE FL 33323**

10. Name and Address of New Registered Agent

**81 Name BARAGANO, MARIA E.
82 Street Address (P.O. Box Number is Not Acceptable)
2601B W. DAVIE BLVD.
83
84 City FORT LAUDERDALE FL 85 Zip Code 33312**

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

Maria C. Baragano, Secretary, Resident Agent 4/29/97

Signature, printed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARAGANO, MARIA E	
STREET ADDRESS	13230 NW 11TH DRIVE	
CITY-ST-ZIP	FORT LUADERDALE FL 33323	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARAGANO, MARIA E.	
1.3 STREET ADDRESS	2601B W. DAVIE BLVD.	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Maria C. Baragano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA E. BARAGANO

4/29/97 (954) 587-1477

Date

Daytime Phone #

0282588

CR2E034 (9/96)