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May 02 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 # P96000050348 (7)

1. Corporation Name

AXIOM MICROTECHNOLOGIES, INC.



Principal Place of Business

11150 4TH STREET NORTH #3104
ST. PETERSBURG FL 33716

Mailing Address

11150 4TH STREET NORTH #3104
ST. PETERSBURG FL 33716-2903

2. Principal Place of Business

21 11150 4TH ST. NORTH

Suite, Apt. #, etc.

3914

22 City & State

23 ST. PETERSBURG FL

24 Zip

33716

Country

25 USA

2a. Mailing Address

26 11150 4TH ST. NORTH

Suite, Apt. #, etc.

3914

27 City & State

28 ST. PETERSBURG FL

Zip

33716

Country

30 USA

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3390771

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

OLIVER, SHAWN
11150 4TH STREET NORTH #3104
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name

J. Dsouza

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

11150 4TH ST. NORTH, # 3914

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

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

4/22/97

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME THAPAR, ASHISH
STREET ADDRESS 174 DALE VALLEY ROAD SHIRLEY SOUTHAMPTON
CITY-ST-ZIP S016 6QW, ENGLAND

TITLE D DELETE

NAME THAPAR, ELLA
STREET ADDRESS 174 DALE VALLEY ROAD SHIRLEY SOUTHAMPTON
CITY-ST-ZIP S016 6QW, ENGLAND

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 1997 44-1703-321-801

Date

Daytime Phone #

CR2E034 (9/96)