

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

FILED

Apr 23 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 # P96000051438 (5)

1. Corporation Name

BIODYNAMICS CORP.

Principal Place of Business

1817 SOUTH OCEAN DR #520  
HALLANDALE FL 33009

Mailing Address

1817 SOUTH OCEAN DR #520  
HALLANDALE FL 33009-4942



2. Principal Place of Business

21. W. HALLANDALE BEACH BLVD. 22. W. HALLANDALE BEACH

Suite, Apt. #, etc.

22. 202

City & State

23. HALLANDALE, FL

Zip

24. 33009

Country

25. U.S.A.

2a. Mailing Address

21. W. HALLANDALE BEACH

Suite, Apt. #, etc.

27. 202

City & State

28. HALLANDALE, FL

Zip

29. 33009

Country

30. U.S.A.

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0674041

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

BARBERENA, FERNANDO A  
1817 SOUTH OCEAN DR #520  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

*Fernando Barberena*

02/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARBERENA, FERNANDO A  
STREET ADDRESS 1817 SOUTH OCEAN DR #520  
CITY- ST- ZIP HALLANDALE FL 33009

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/S ☒ Change ☐ Addition

1.2 NAME BARBERENA, FERNANDO A.  
1.3 STREET ADDRESS 1817 SOUTH OCEAN DR. # 520  
1.4 CITY- ST- ZIP HALLANDALE, FL 33009

2.1 TITLE D/P ☐ Change ☒ Addition

2.2 NAME BARBERENA, MARIA A.  
2.3 STREET ADDRESS 1817 SOUTH OCEAN DR. # 520  
2.4 CITY- ST- ZIP HALLANDALE, FL 33009

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:

*Fernando Barberena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/97

Date

(954) 458-6225

Daytime Phone #

0113841

CR2E034 (9/96)