

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 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/10/1996 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0674041 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 W. HALLANDALE BEACH BLVD | 2a. Mailing Address 20 W. HALLANDALE BEACH |
| Suite, Apt. #, etc. 22 202 | Suite, Apt. #, etc. 27 202 BLVD. |
| City & State 23 HALLANDALE, FL | City & State 28 HALLANDALE, FL |
| Zip 24 33009 | Country 25 U.S.A. |
| Zip 29 33009 | Country 30 U.S.A. |

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)

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME BARBERENA, FERNANDO A | |
| STREET ADDRESS 1817 SOUTH OCEAN DR #520 | |
| CITY - ST - ZIP HALLANDALE FL 33009 | |
| 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 D/V/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 | <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: *Fernando Barberena* **02/10/97** (954) 458-6225
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (9/96)