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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF DOCUMENT # P96000069586 (1)

BIOCAMS INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address				"	<b>30</b> 110 <b>0</b> 1111	I BIBI BIIDI 18318	DIN 1001
7621 SOUTHWEST 138 COURT 7621 SOUTHWEST 138 COURT MIAMI FL 33183 MIAMI FL 33183-3079									
			· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualified 08/21/1996	3a. Da	ite of Last Re	
2. Principal Place of Business 2a. Mailing Add 13020 SW 13-0 St. 26			Iress			4. FEI Number 65-068 7636	Applied For Not Applicable		
Suite, Apt. #		Suite, Apt. #, etc.	AME			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Rec	
City & State		City & State 5	7.4			Election Campaign Financing     Trust Fund Contribution	П	\$5.00 ( Added to	
23 <b>/// //</b> Zip	Country	Zip	Count	ry		8. This corporation has liability for	ntangible		
M 33/8	6 25 USA		30			1 70 700 010 100		No	
	9. Name and Address of Current	Registered Agent		AT		10. Name and Address of New Re	gistered /	Agent	
	D, DARDEN		8	1 Nam	e				
7621 SOUTHWEST 138 COURT MIAMI FL 33183				82 Street Address (P.O. Box Number is Not Acceptable)					
****	, = 00.00		8	3					
			8	4 City			FL	85 Zip C	>ode
office or re	o the provisions of Sections 607.0502 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	authorized	DY ING C	orporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of at the app	changing its ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered agni	nt and title if applicable (NOT)		gent signat	nte tednite	ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12 Addition
TITLE	PTD	☐ DELETE	1,1 TITU		100	RESIDENT		Cisinge	L Aballion
NAME	HATFIELD, RONALD	<b>.</b>	1.2 NAM	_	170	DOA DARDEN CT			
STREET ADORESS	7621 SOUTHWEST 138 COUR MIAMI FL 33183	1		ET ADDRES	<sup>s</sup> m	IAMI FI 33/83			
CITY-ST-ZIF	VSD	☐ DELETE	2.1 TITU	-ST-ZIP	101		<del></del>	Change	Addition
NAME	HOOD, DARDEN		2.2 NAM		1	<del>cg factioent</del> seco atribio, Ronald	anny .	TRESUL	ei.
STREET ADDRESS	7621 SOUTHWEST 138 COUR	ī	1	- Et addres	s	361 SW 123 ST			
CHTY-ST-ZIP	MIAMI FL 33183	•		(-ST-ZIP	-	14mi, FL 33176			
TITLE		☐ DELETE	3.1 TITL					Change	☐ Addition
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STR	ET ADDRES	s				
CITY - ST - ZIP			3.4. CIT	r-st-zip					
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition
NAME			4. 2 NA	Æ.					
STREET ADDRESS			4.3 STR	EET ADDRES	s				
CITY-ST-7(P				-ST-ZIP				T Observe	1 delica
TITLE		☐ DELETE	5.1 TITL					Change	Addition
NAME			5.2 NAN	-					
STREET ADDRESS			4.4	EET ADDRES		•			
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITE	!-\$1-ZIP F				Change	Addition
TITLE		C DEFETE.	6.2 NAA						
NAME expect annoces				ic Eet addres					
STREET ADDRESS				-ST-ZIP	~				
14. I do heret	by certify that the information supplie	d with this filing does not qual	ify for the e	xemptio	n stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the
, informatio Lam an o	in indicated on this annual report or s	supplemental annual report is to the receiver or trustee empore	true and ac wered to ex	YOURATA S	and that	my signature shall have the same leg t as required by Chapter 607, Florida	al ellact a	is il made uni	ider oath: that