

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name
P96000069586
BIOCAMS INTERNATIONAL, INC.

Principal Place of Business
Mailing Address
~~13020~~ 13020 SW 120 STREET

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	65-0687636		Not Applicable	
22	MIAMI, FLORIDA	27	CITY & STATE	5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23	33186 USA	28	CITY & STATE	6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24	Zip	25	Country	29		30	
24		25		29		30	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DARDEN HOOD 7621 SW 138 CT MIAMI, FLORIDA 33183				81 Name DARDEN HOOD 82 Street Address (P.O. Box Number is Not Acceptable) 13020 SW 120 ST 83 84 City MIAMI FL 85 Zip Code 33186			
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 Darden Hood, President				DATE 3/25/98			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	PRESIDENT
NAME	DARDEN HOOD	1.2 NAME	DARDEN HOOD
STREET ADDRESS	7621 SW 138 CT	1.3 STREET ADDRESS	12785 SW 64 CT
CITY-ST-ZIP	MIAMI, FL 33183	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SECRETARY/TREASURER	2.1 TITLE	SECRETARY/TREASURER
NAME	RONALD HATFIELD	2.2 NAME	RONALD HATFIELD
STREET ADDRESS	11361 SW 123 ST	2.3 STREET ADDRESS	10525 SW 129 TERRACE
CITY-ST-ZIP	MIAMI, FL, 33176	2.4 CITY-ST-ZIP	MIAMI, FL, 33176
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Darden Hood, President
3/24/98 305-232-1980

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***150.00

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