SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMQUIT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVEQ, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071464

INTERNATIONAL BIOLOGICAL DESCRIBERS INC

APPROVED

1997 JUL 30 PM 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| וואו בחוי   | AY LIOUAT                             | . DIULUGIUAL NE                    | adonoca, Ind.   |                                 |           |  |   |  |
|---|---------------------------------------|------------------------------------|---|---------------------------------|-----------|--|---|--|
| Principal Plac  | no of Business                        |                                    | Mailing Address   |                                 |           | <del></del>  |   |  |
| ,   |                                       | <b></b>                            | J   |                                 |           |  |   |  |
| 614 N. 32ND COURT   614 N. 32ND COURT   HOLLYWOOD FL 33021   HOLLYWOOD FL 33021 |                                       |                                    |   |                                 |           |  |   |  |
|   |                                       |                                    | 11035711000 12 000  |                                 |           |  | DO NOT WRITE IN THIS SPACE  |  |
|   |                                       |                                    |   |                                 |           |  | 3. Date Incorporated or Qualified 3a. Date of Last Report   | 7  |
|   |                                       |                                    |   |                                 |           |  | 08/26/1996  |  |
|   | Place of Business 2a, Mailing Address |                                    |   |                                 | 1 01.1    |  | 4. FEI Number Applied For   | ]  |
| 21 245  |                                       |                                    |   |                                 | ed Blvd   |  | d 65-073/744 Not Applicable   | <u>}</u>                                     |
| Sulte, Apt  |                                       |                                    |   |                                 |           |  | 5. Certificate of Status Desired \$8.75 Additional  | -  |
|   | S-214 27 S-214                        |                                    |   |                                 |           |  | Fee Required  | 4  |
| City & Sta  | 000 d                                 | City & State                       | Williams FC   |                                 |           | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | 1   |  |
| 23) (10) (4)  | 000 4 7                               | Country                            | 28 //0///000  |                                 | untry     | <del></del> ,  | Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible | -{   |
| 24 330:   | 20                                    | 25                                 | 29 33020  | 30                              | O I I I J |  | Personal Property Tax due June 30. Yes No   |  |
|   |                                       | and Address of Curre               |   |                                 | 7         | <del></del>  | 10. Name and Address of New Registered Agent  | ┨  |
| KA  | PLAN, BRU                             |                                    |   |                                 | 81        | Name   |   | 7  |
|   | 4 N. 32ND                             |                                    |   |                                 | 82        | China and  | Address (D.O. D., Nivellaria Mal Assertic   | 4  |
| HOLLYWOOD FL 33021  |                                       |                                    |   |                                 | 82        | Street   | et Address (P.O. Box Number is Not Acceptable)  |  |
|   | ,                                     |                                    |   |                                 | 83        |  |   | 1  |
|   |                                       |                                    |   |                                 | L         |  |   | _  |
|   |                                       |                                    |   |                                 | 84        | City   | FL 85 Zip Code  | 1  |
| 11, Pursuant  | to the provis                         | sions of Sections 607.05           | 02 and 607.1508, Florida S                                  | tatutes, the a                  | ibovi     | e-named  | ed corporation submits this statement for the purpose of changing its registered                        | 1  |
| office or   | registered as<br>em femiliar w        | gent, or both, in the State        | e of Florida. Such change v<br>galions of, Section 607.050! | vas authorizo<br>5. Elorida Sta | d by      | y the corp   | orporation's board of directors. I hereby accept the appointment as registered                          |  |
|   | CONTRACTOR OF                         | and decept the cong                | garions of, aconori cor ,coo                                | 5, 1101104 010                  | 110101    | σ.   |   |  |
| SIGNATURE   | Stonature, type:                      | d or printed name of registered ag | jont and title if applicable.                               | (NOTE: Registere                | od Age    | ent signature  | ure required when reinstating) DATE   |  |
| 12.   |                                       | OFFICERS AN                        | ND DIRECTORS  | 13.                             |           |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE   | 1                                     |                                    | ☐ DELETE  | 111                             | IILE      |  | President Change Addition   | ۱   <u>۶</u>                                 |
| NAME  |                                       |                                    |   | 1.2 N                           | IAME      | İ  | Bruce Kaplan  | - 18   |
| STREET ADDRESS  |                                       |                                    |   | 1.3 9                           | TAEET     | ADDRESS  |   | {0   |
| CITY-ST-ZIP   |                                       |                                    |   |                                 | ITY-S     | T- <b>2</b> IP   | Hollywood, FC 33021   | _ Ş  |
| TITLE   |                                       |                                    | ☐ DELETE  | 2.1 7                           | ITLE      |  | Exec V. Prosinit Lange Laddition  | ١١٥  |
| NAME  | Ì                                     |                                    |   | 2.2 M                           | IAME      |  | Pamera Chippers   |  |
| STREET ADDRESS  |                                       |                                    |   | 2.3 5                           | TREET     | ADDRESS  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |  |
| CITY-ST-ZIP   | <b> </b>                              |                                    |   |                                 |           | ST-ZIP   | Hollywood, FC 33021   | _  |
| TITLE   |                                       |                                    | ☐ DELETE  |                                 |           |  | Change Addition   | 1  |
| NAME  |                                       |                                    |   | 3.2 N                           | IAME      |  | 000000555883306   |  |
| STREET ADDRESS  |                                       |                                    |   | 4                               |           | ADDRESS  |   |  |
| CITY-ST-ZIP   |                                       |                                    |   |                                 |           | ST-ZIP   | ****173.75 ****173.75   | 4  |
| TITLE   |                                       |                                    | ☐ DELETE  |                                 |           |  | Change Addition   | 1  |
| NAME 1  |                                       |                                    |   | 4.2                             | NAME      |  |   |  |
| STREET ODRESS   |                                       | •                                  |   | 4.3 \$                          | TREE1     | ADDRESS  | S   |  |
| CITY-ST ZIP   | <b></b>                               |                                    |   |                                 |           | 37-ZIP   |   | _  |
| TITLE *   |                                       |                                    | L.] DEŁETE  |                                 |           |  | ☐ Change ☐ Addition   | <u>'                                    </u> |
| NAME  |                                       |                                    |   | 5.2 N                           | AME       |  |   |  |
| STREET ADDRESS  |                                       |                                    |   | 5.3 9                           | TREET     | ADDRESS  | S   |  |
| CITY-ST-ZIP   | <b> </b>                              |                                    |   |                                 |           | 1-2IP  |   | 1  |
| TITLE   |                                       |                                    | ☐ DELETE  | 6.1 T                           | ITLE      | ſ  | Change A L Addition   | 1  |
| NAME  |                                       |                                    |   | 6.2 N                           |           |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |  |
| STREET ADDRESS  |                                       |                                    |   | 6.3 \$                          | TREET     | ADDRESS  | 2/130/1   |  |
|   |                                       |                                    |   |                                 |           | T_7/P  | · 1   |  |

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 fishanged, or on an attachment with an address.



## R International Biological Resources, Inc.

July 15, 1997

Division of Corporations Annual Reports Section P. O. Box 1500 Tallahassee, FL 32302-1500

Sir:

Re: Document # P96000071464 (7)

Please find a completed 1997 Profit Corporation Annual Report. I have enclosed check #1196 in the amount of \$173.75. This is a resubmission. I originally sent the completed report on January 3, 1997. The check (# 1010) previously submitted has not cleared the bank to date.

Should you have any questions please call me at (954) 453-1120.

Sincerety

Bruce Kapit President