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May 08 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 # **P96000077956 (6)**

1. Corporation Name
**BIOCON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 650 QUAIL AVENUE<br>MIAMI SPRINGS FL 33166 | 650 QUAIL AVENUE<br>MIAMI SPRINGS FL 33166-3949 |

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 289 Fern Way
22: Suite, Apt. #, etc.
23: City & State: Miami Springs, Fl
24: Zip: 33166
25: Country: USA

2a. Mailing Address
26: 289 Fern Way
27: Suite, Apt #, etc.
28: City & State: Miami Springs, FL
29: Zip: 33166
30: Country: USA

4. FEI Number: ☐ 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

MEDINA, SERGIO V ESQ.
623 N.E. 72ND STREET
MIAMI FL 33138

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: [signature] Christopher Combs 2/3/97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | T | ☑ Change ☐ Addition |
| NAME | SALMONS, RUSSEL F | | 1.2 NAME | Salmons, Russel F | |
| STREET ADDRESS | 650 QUAIL AVENUE | | 1.3 STREET ADDRESS | 289 Fern Way | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | | 1.4 CITY-ST-ZIP | Miami Springs, FL 33166 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | V | ☑ Change ☐ Addition |
| NAME | PEREIRA, VICTOR H | | 2.2 NAME | Pereira, Victor | |
| STREET ADDRESS | 7410 N.W. 65TH LANE | | 2.3 STREET ADDRESS | 7410 N.W 66th Ln | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | 2.4 CITY-ST-ZIP | Parkland, Fl 33067 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | P | ☑ Change ☐ Addition |
| NAME | COMBS, CHRISTOPHER | | 3.2 NAME | Combs, Christopher | |
| STREET ADDRESS | 24931 S.W. 129TH STREET | | 3.3 STREET ADDRESS | 24931 S.W. 129th Ct | |
| CITY-ST-ZIP | PRINCETON FL 33032 | | 3.4 CITY-ST-ZIP | Princeton, FL 33032 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | S | ☑ Change ☐ Addition |
| NAME | MEDINA, KARLO S | | 4.2 NAME | Medina, Karlo S | |
| STREET ADDRESS | 12023 S.W. 10TH STREET | | 4.3 STREET ADDRESS | 6333 S.W. 138th Pl. | |
| CITY-ST-ZIP | MIAMI FL 33184 | | 4.4 CITY-ST-ZIP | Miami, FL 33156 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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 above, or on an attachment with an address.

**SIGNATURE:** [signature] Christopher Combs 2/3/97 (305) 597-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #