

FILED

Jun 19 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 # P96000098876 (1) 1. Corporation Name BEAR INNOVATIONS INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 1025 STILLWATER DRIVE | | 1025 STILLWATER DRIVE | |
| MIAMI BEACH FL 33141 | | MIAMI BEACH FL 33141-1023 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 1025 STILLWATER DRIVE | | 26 1025 STILLWATER DRIVE | |
| Suite, Apt. #, etc. 22 N/A | | Suite, Apt. #, etc. 27 N/A | |
| City & State 23 MIAMI BEACH, FLORIDA | | City & State 28 MIAMI BEACH, FLORIDA | |
| Zip Country 24 33141 DADE | | Zip Country 29 33141 DADE | |
| 9. Name and Address of Current Registered Agent | | | |
| BARRERAS, ALEX | | | 81 Name |
| 1025 STILLWATER DRIVE | | | 82 Street Address |
| MIAMI BEACH FL 33141 | | | 83 City |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE _____ ALEX BARRERAS, PRESIDENT | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required) | | | |
| OFFICERS AND DIRECTORS | | | |
| 12. | | 13. | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | BARRERAS, ALEX | 1.1 TITLE | |
| STREET ADDRESS | 1025 STILLWATER DRIVE | 1.2 NAME | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | 2.1 TITLE | |
| STREET ADDRESS | | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | 3.1 TITLE | |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | 4.1 TITLE | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | 5.1 TITLE | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | 6.1 TITLE | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 changed for on an attachment with an address. | | | |
| SIGNATURE _____ ALEX BARRERAS | | | |