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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000013720 (2)

CELL-COMP. EXP., INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						t eda trad, sen inter fants dater dater dater dater derbe trade dritt janta trate date todt
	ID ST. STE 112		10924 SW 2ND ST. STE 112			
MIAMI FL 331	174	MIAMI FL 33174				DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
						02/12/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEJ Nymber Applied For
21		26	26			650768988 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip Country				Trust Fund Contribution Added to Fees
	Country Zip		⊢ ′			8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes
24	25 9. Name and Address of Currer	29 nt Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DIA	12, ARNALDO			81	Name	10. (como ana vocacion di Moti Malinora di Madir
	824 SW 2ND ST. STE 112					4.74-28
	AMI FL 33174			82 Stree		Address (P.O. Box Number is Not Acceptable)
*******			ţ	83		
					0.1	
				84	City	FL 365 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						
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, typed or printed name of registered age			Agor	nt signature ti	required when reinstaing) DATE
12.			13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	DIAZ, ARNALDO			1.1 (IILE 1.2 NAME		C Change C Addition
STREET ADDRESS	10824 SW 2ND ST. STE 112		1.3 STREET ADDRE		ADDOCCO	
CITY-ST-ZIP	MIAMI FL 33174					
TITLE	D	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, ZORAIDA	_	2.2 NAM			
STREET ADDRESS	10824 SW 2ND ST. STE 112		2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		2. 4 CITY		T-ZIP	
TITLE		DELETE	DELETE 3.1 TIT			☐ Change ☐ Addition
NAME			3.2 NAME		1	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	DELET		3.4. CI	3.4. CITY - ST- ZIP		
TITLE			4.1 TH	4.1 THILE		Change Addition
NAME			4. 2 NA			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CIT		- 7(P	Change Change
TALE				5.1 THLE		Change Addition
NAME			5.2 NA			J
STREET ADDRESS					ADDRESS [
CITY-ST-ZIP		☐ DELETE	5.4 CfT		- Z(P	Change Addition
TITLE			6.1 1111			Change Addition
NAME CTREET ADDRESS			6.2 NAI		, DODGE CO	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y - ST	-ZIP	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phaged, or on an attachment with an address.

02/01/98