## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

→ PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700020336

MSS BIOMEDICAL CORP.

Principal Place of Business

Mailing Address

6285 SUNSET DRIVE, 1ST FLOOR

6285 SUNSET DRIVE. 1ST FLOOR

FILED 99 SEP 28 PM 1: 47

SECRETARY OF STATE TALLAHARSEE. PLORIDA



MIMMI FL 93143		WINMI FL 33143				DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualified     03/05/1997		
2. Principal P	Place of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number Applied For	For	
1		26	26			4. FEI Number APPLIED FOR 65-0733241 Applied For Not Applicable	icable	
Suite, Apt #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	nal	
2		27	27			Fee Required	1	
City & State		City & Stal	City & State			6. Election Campaign Financing \$5.00 May E	3e	
23		28				Trust Fund Contribution	8	
Zip	Country	Zip	_	_ Country		8. This corporation owes the current year		
24	25	29	30	)		Intangible Personal Property Yes No		
	9. Name and Address of Curr	rent Registered Agen	<u>t</u>			10. Name and Address of New Registered Agent		
CACI	HE MADY			81	Name			
SACHS, MARK 6285 SUNSET DRIVE #200				82	Street Address (P.O. Box Number is Not Acceptable)			
				83		■■ 85 Zip Code		
MIAN	MIAMI FL 33143				City			
				84	Ony	FL   S   E   C   C   C   C   C   C   C   C   C		
office or	registered agent, or both, in the Str am familiar with, and accept the ob	ate of Florida. Such ch	ange was auth	rorized by	the corporati	ration submits this statement for the purpose of changing its registers on's board of directors. I hereby accept the appointment as registers	id id	
SIGNATORE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE:	Registered A	gent signature req	ulred when reinstating) DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ĩ 12	
TITLE	PSTD		DELETE	1.1 TITLE		Change A	<b>Iddition</b>	
NAME	SACHS, MARK K			1.2 NAME				
STREET ADDRESS	6285 SUNSET DRIVE, 1ST FL	LOOR		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			1.4 CITY-ST	-ZIP			
TITLE			DELETE	2.1 TITLE		☐ Change ☐ A	Addition	
NAME				2.2 NAME		• · <u> </u>		
STREET ADORESS				2.3 STREET	ADDRESS	المائد الله المائد المعامر والعام والمائل والمائل ويعام والمعام والمائل والمائل المائل		
CITY-ST-ZIP				2.4 CITY-ST	-ZIP	60000,30,0631,6	15	
TITLE			DELETE	3.1 TITLE		1107 US7 US TO L'Change up F Addition		
NAME	}	_		3.2 NAME		****550.00° \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST	-ZIP			
TITLE			DELETE	4.1 TITLE		Change A	Addition	
NAME		_		4.2 NAME				
STREET ADORESS				4.3 STREET	ADDRESS			

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 an attachment with an address.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

52 NAME 5.3 STREET ADDRESS

8.1 TITLE

**6.2 NAME** 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE

Change Addition

Change Addition