

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025411 (4)

1. Corporation Name

BIONET ELECTRONICS GROUP, INC.



Principal Place of Business

1689 NORTH HIATUS ROAD
SUITE 1261
PEMBROKE PINES FL 33026-2129

Mailing Address

1689 NORTH HIATUS ROAD
SUITE 1261
PEMBROKE PINES FL 33026-2129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-075-1569

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 4960 SW. 52 ST

Suite, Apt. #, etc.

22 SUITE 406

City & State

23 DAVIE FLA

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 4960 SW. 52 ST

Suite, Apt. #, etc.

27 SUITE 406

City & State

28 DAVIE FLA

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

JONES, SHEILA
1689 NORTH HIATUS ROAD
SUITE 1261
PEMBROKE PINES FL 33026-2129

10. Name and Address of New Registered Agent

81 Name

JONES, SHEILA

82 Street Address (P.O. Box Number is Not Acceptable)

4960 SW. 52 STREET

83 SUITE 406

84 City

DAVIE

FL

85 Zip Code

33314

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME JONES, SHEILA
STREET ADDRESS 1689 N HIATUS RD, STE 1261
CITY-ST-ZIP PEMBROKE PINES FL 33026-2129

TITLE ☐ DELETE

D
NAME MARTINEZ, LUIS
STREET ADDRESS 1689 N HIATUS RD, STE 1261
CITY-ST-ZIP PEMBROKE PINES FL 33026-2129

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D.P.
NAME JONES, SHEILA

1.2 NAME 4960 SW. 52 STREET SUITE 406

1.3 STREET ADDRESS DAVIE FLA 33314

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

D.V.P.S.T.
NAME MARTINEZ, LUIS

2.2 NAME 4960 SW. 52 STREET SUITE 406

2.3 STREET ADDRESS DAVIE FLA 33314

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in 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 registered agent or authorized agent 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 on an attached sheet with an address.

NAME PRESIDENT

2/24/98

050-700-8814

CP2E034 (10/97)