PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATES

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000025680

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Principal Place of Business Mailing Address	-	13011071107110711071		
1800 S.W. 59 AVENUE 1800 S.W. 59 AVENUE PLANTATION FL 33317 PLANTATION FL 33317		DO NOT WRITE IN THIS SPACE		
•		3. Date incorporated or Qualifed		
		04/01/1998		\
2. Principal Place of Business 22. Mailing Address		4. FEI Number	Appl	lied For
21 1800 S.400, 59 AVE 28 HOLDS	THU 59 AND	1 65-0831333	Not	Applicable
Suite, Apt. # ejc. Suite, Apt. #, etc.	r.i	5. Certificate of Status Desired	\$8.75 Ad	
22 Plantation, + for ica 27 + am alis	20 1 101-104		Fee Req	
City & State		6. Election Campaign Financing	\$5.00 M Added to	
28 33317	Country / C / / .	Trust Fund Contribution		F665
Zip Country Zip V	$\frac{1}{30}$ Country USA .	 This corporation owes the current year Ir Personal Property Tax. 	Langibia Difes	MNo
4-71 1-21 1-21	30	10. Name and Address of New Registered		
9. Name and Address of Current Registered Agent	81 Name	N/n		
VALLEJO, JULIO A	-	1/-		
15010 S.W. 91 TERRA	82 Street Add	ress (P.O. Box Number is Not Acceptable)		į
MIAMI FL 33196	83	<u> </u>		
	84 City	FI	85 Zip Co	- (
44. Burguent to the provisions of Sections 607 0502 and 607 1508. Florida Statuts	s. the above-named corr	poration submits this statement for the purpose of	f changing its re	egistered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 	thorized by the corporati	on's board of directors. I hereby accept the appo	intment as regis	stered
agent. I am tamiliar with, and accept the obligations of, Section 607,0503, Plot	va Siailles.	•		1
BIOMATINE				L
SIGNATURE Storreture, broad or printed name of registered egent and title if apphoable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE		l
Signature, typed or printed name of registered agent and little if applicable. (NOTE: 12. OFFICERS AND DIRECTORS	Registered Agent signature require 13.	ed when reinstaung) DATE ADDITIONS/CHANGES TO OFFICERS A		l
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS	<u> </u>		ND DIRECTOR	l
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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 resulted by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: