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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90096 007 ***150.00

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DOCUMENT # P98000069699 1. Corporation Name	,	
BIOWORLD BIOTECHNOLOGY, INC.		: (\$50,500 till (\$10) till (\$51)

Principal Place	of Business	Mailing Address			T SOUSTONS THE SOURS HOUSE BRITT MOUSE ABOUT	ALLER TO HIS BELLE S		
Principal Place of Business 222 US HIGHWAY 1 SUITE 202 TEQUESTA FL 33469 Mailing Address 222 US HIGHWAY 1 SUITE 202 TEQUESTA FL 33469		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
		O Malling Address			08/11/1998 4. FEI Number		plied For	
	ace of Business	2a. Mailing Address			165-0855784	 	Applicable	
21 Suite Art	# ota	Suite, Apt. #, etc.		<u> </u>	\$8.75 A			
Suite, Apt. :	, , etc.	27		•	5. Certifcate of Status Desired	Fee Red		
City & State	9	City & State		_	6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25	29	10		Personal Property Tax.		□No	
	9. Name and Address of Curren	nt Registered Agent		04 11	10. Name and Address of New Registered	Agent		
***	DH AMO/ED			81 Name				
	RILAWYER			82 Street Add	dress (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE AL GABLES FL 33134			83		-		
Con	AL GABLES FL 33134		- [•3				
				84 City	FL	85 Zip C	Code	
11 Dureuget	to the provisions of Sections 607 050	02 and 607 1508. Florida Statutes	the ab	l ove-named col	rporation submits this statement for the purpose of	f changing its	registered	
office or re	egistered agent or both, in the State	of Florida. Such change was aut	поплед	by the corpora	tion's board of directors. I hereby accept the appo	intment as reg	gistered	
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Siail	les.			}	
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable /NOTE: 6	Segistered	Agent signature requi	ired when reinstating) DATE		— i	
					red when remistating)			
12.	OFFICERS AN	ND DIRECTORS	13.	-901 x 0191101010 / 0401	ADDITIONS/CHANGES TO OFFICERS A			
12.	OFFICERS AN					ND DIRECTO	RS IN 12	
		ND DIRECTORS	13.	E				
TITLE	PD	ND DIRECTORS	13. 1.1 TIT 1.2 NA	E				
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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 required 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: