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

FILED
Mar 25, 1999 8:00 am
Secretary of State
03-25-1999 90006 038 ***150.00

DOCUMENT # **P98000073184**

1. Corporation Name

BIOPASS, INC.

Principal Place of Business	Mailing Address
4810 SOUTH HEMINGWAY CIRCLE MARGATE FL 33063	4810 SOUTH HEMINGWAY CIRCLE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/21/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	05-0863897	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☑	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name	YOSSI HAR-NOV.
	82 Street Address (P.O. Box Number is Not Acceptable)	4810 SOUTH HEMINGWAY CIRCLE
	83	
	84 City MARGATE	FL	85 Zip Code 33063

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 1/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUSSELS, JAY D		1.2 NAME	
STREET ADDRESS	4810 SOUTH HEMINGWAY CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAR-NOV, YOSSI		2.2 NAME	
STREET ADDRESS	4810 SOUTH HEMINGWAY CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 1/23/99   Daytime Phone #

CR2E034 (11/98)