**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000085091

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90040 009 \*\*\*150.00

Principal Plac	POWELL, MILLER & COMP	Maill	ng Address						
16100 N.E. 16 North Miami	ith avenue I Beach FL 33162	Business   Mailing Address							
							1 '		
2. Principal I	Place of Business	2a. N	faiting Address				4. FEI Number	I Ao	plied For
1		<b>├</b> ─┐					65-0865614	No	t Applicable
Suite, Apt	. #, etc.	S	uite, Apt. #, etc.				T	<b>*</b>	
City & Sta	110		City & State				1		
Zip	Country								
a		—	<u> </u>						
<u>•}</u>				<u>* 1</u>				ered Agent	
-	RTH MIAMI BEACH FL 33162  to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblige	2 and 607 of Florida. tions of, S	.1508, Florida Statutes, Such change was auti ection 607.0505, Florid	, the al horized a Stati	84 Cit		pration submits this statement for the purpon's board of directors. I hereby accept the	FL 85 Zip 0 se of changing its appointment as re-	maistered
SIGNATURE	Signature, typed or printed name of registered 400	and arranged from 10 arr	(NOTE: B)	anieter art	Annet sires	tura required	when reinstriting) DA	TE	
2.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
ME	D DELETE		1.1 TITLE				Change	Addition	
AME.	MARIN, RAYMOND F		1.2 NAME						
TREET ADDRESS	16100 N.E. 16TH AVENUE			1,3 57	REET ADDR	ESS			
:πγ-\$τ- <b>Σ</b> ιΡ	NORTH MIAMI BEACH FL 33162			140	1.4 CITY+ST-ZIP				
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WE	POWELL, DONALD F		22 N	22 NAME					
TREET ADDRESS	16100 N.E. 16TH AVENUE			2.3 ST	REET ADDR	ESS			
21Y-ST-ZP	NORTH MIAMI BEACH FL 331	62		2.40	TY-ST-ZIP		·		
mue:			☐ DELETE	3.1 1Т	TLE			Change	☐ Addition
NAME				<u>32№</u>	WE	. ـ			<u></u>
STREET ADDRESS	5			3351	REET ADDR	ESS			
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TITLE	1		TOFLETE	4137	11.5	ι -		☐ Change	☐ Addition

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SA CITY-ST-ZIP

4.4 CITY-ST-ZP

5.1 TITLE

5.2 NAME

8.1 TITLE

8.2 NAME

NAME

TILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CTY-ST-20P

CITY-ST-ZIP

HITED NAME OF BIOMENG OFFICER OR DIRECTOR SIGN

DELETE

☐ DELETE

Addition

Addition

Change

☐ Change