

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90023 004 ***150.00

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1. Entity Name
BIO-OXFORD USA, INC.



Principal Place of Business
1541 SUNSET DRIVE, SUITE 203
CORAL GABLES, FL 33143

Mailing Address
1541 SUNSET DRIVE, SUITE 203
CORAL GABLES, FL 33143

54020197



2. Principal Place of Business
7500 Red Road
Suite, Apt. #, etc.

3. Mailing Address
7500 Red Road
Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State
South Miami, FL
Zip 33143 Country USA

City & State
South Miami, FL
Zip 33143 Country USA

4. FEI Number
65-0955331
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, HOWARD B
2121 PONCE DE LEON BLVD
STE 1100
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDES, OTTONI
STREET ADDRESS 1541 SUNSET DRIVE, SUITE 203
CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete

TITLE SD
NAME FERNANDES, EDUARDO
STREET ADDRESS 1541 SUNSET DRIVE, SUITE 203
CITY-ST-ZIP CORAL GABLES, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Fernandes, Ottoni
STREET ADDRESS 7500 Red Road
CITY-ST-ZIP South Miami, FL 33143 ☒ Change ☐ Addition

TITLE Vice-President
NAME Fernandes, Eduardo
STREET ADDRESS 7500 Red Road
CITY-ST-ZIP South Miami, FL 33143 ☒ Change ☐ Addition

TITLE Vice-President
NAME Fernandes, Marcelo
STREET ADDRESS 7500 Red Road
CITY-ST-ZIP South Miami, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Otoni C. Fernandes

Date

3/18/04

Daytime Phone #

305-663-1293