FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:04

DOCUMENT # S39730 (4)

1. Corporation Name
CELSS INC.

Principal Place of Business	Mailing Address
160 NW 176TH STREET SUITE 403 MIAMI FL 33169	160 NW 176TH STREET SUITE 403 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1991	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0290260	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEITER, MARTIN 160 N.W. 176TH STREET MIAMI FL 33169	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

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 _____ DATE
(Signature of registered agent and title if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	VPDST	☒ Change ☐ Addition
NAME	LEITER, MARTIN	12 NAME	Leiter, Martin	
STREET ADDRESS	160 NW 176TH ST #403	13 STREET ADDRESS	160 NW 176 St. # 403	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JORGE	22 NAME		
STREET ADDRESS	160 NW 176TH ST #403	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LEITER, JACQUELINE	32 NAME		
STREET ADDRESS	160 NW 176TH ST #403	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	VP	☒ Change ☐ Addition
NAME	LAZARUS, HOWARD	42 NAME	Stanley T. Olesiewicz	
STREET ADDRESS	160 NW 176TH ST #403	43 STREET ADDRESS	160 N.W. 176 St. # 403	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true and accurate and 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.

SIGNATURE: 3/9/95 (305) 652-5145
(Date) (Area Code & Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin Leitor, Vice President/Director

0108126 CP