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

APR ... 1995
FILED

95 MAY -1 ... 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55062 (1)

1. Corporate Name

P'KINETICS, INC.

Principal Place of Business: 1100 BEL AIRE DRIVE WEST, PEMBROKE PINES FL 33027

Mailing Address: 1100 BEL AIRE DRIVE WEST, PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0269816 — [ ] 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. [X] Yes [ ] No

2. Principal Place of Business (21) — 2a. Mailing Address (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**

GONZALEZ, MARIO A., PH.D.
1100 BEL AIRE DRIVE W.
PEMBROKE PINES FL 33027

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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: [signature] MARIO A. GONZALEZ 5/1/95

Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE [ ] Change [ ] Addition
NAME	GONZALEZ, MARIO A., PH.D	1 2 NAME
STREET ADDRESS	1100 BEL AIRE DRIVE W.	1 3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL	1 4 CITY-ST-ZIP
TITLE	STD	2 1 TITLE [ ] Change [ ] Addition
NAME	GONZALEZ, LINDA	2 2 NAME
STREET ADDRESS	1100 BEL AIRE DRIVE W.	2 3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL	2 4 CITY-ST-ZIP
TITLE		3 1 TITLE [ ] Change [ ] Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY-ST-ZIP
TITLE		4 1 TITLE [ ] Change [ ] Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
TITLE		5 1 TITLE [ ] Change [ ] Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		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 is voluntarily furnished 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: [signature] 5/1/95 305-432-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

MARIO A. GONZALEZ, President

0116065 CP