## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996		DIVISION	DIVISION OF CORPORATIONS				
DOCUN 1. Corporation	MENT # S860	082 (2)	)				
	RICKELL, INC.						
Principal Pace	of Business	Mailing Address				ION INDE OFOTE BIOTI	
1401 BRICKELL AVE Miami Fl 33131		1401 BRICKELL AVE Miami Fl 33131					
e ini sani					3. Date Incorporated or Qualified 10/08/1991	3a. Date of 04/2	Last Report <b>26/1995</b>
Principal Place of Business  I		2a. Mailing Address	<b>├</b> ──1		4. FEI Number 65-0302407		Applied For Not Applicable
Suite. Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		8.75 Additional	
City & State		City & State			6. Election Campaign Financing		Fee Required \$5.00 May Be
3] Zijo	Country	28	Count	īv	Trust Fund Contribution  8. This corporation has liability for	<u></u>	Added to Fees
24	25	29]	30		Florida Statutes	s ∐No	
	9. Name and Address of Cui	rrent Registered Agent	8	1 Name	10. Name and Address of New	Registered Age	ent
KIRKCHOFF, JANET M			8		Iress (P.O. Box Number is Not Accepta	ble)	
1401 BRICKELL AVE MIAMI FL 33131			8		less (1.0. Dox Northberts Not Acceptable)		
IANI-ZIANI L	L 55151						
	···			4 City		FI. I	35 Zip Code
or registere	o the provisions of Sections 607.0 od agent, or both, in the State of F	502 and 607,1508, Florida Sta forida. Such change was autho	tutes, the above prized by the cor	named corpor poration's boa	ration submits this statement for the pu and of directors, I hereby accept the app	rpose of changi pointment as reg	ng its registered office pistered agent. I am
SIGNATURE	n, and accept the obligations of, s	section 607.0505, Florida Statu	tes.			_	-
12.	Stirlar in a type of or punied name of registere the	agent and tile if applicable AND DIRECTORS	(NOTE: Registered Ag	gent agnature require		DATE	
TILE	PD	DELETE 1.		E	ADDITIONS/CHANGES TO OF		Change Addition
NAM:	KIRCHOFF, JAN 7230 SW 59TH AVE		. 12 NAM				
STREET ADDRESS CITY - S1 - ZIP	MIAMI FL		1.3 STHEET ADDRESS 1.4 City-St-Zip				
THE	VD	DELETE					Change
NAME STHEFT ADDRESS	MALER, MICHAEL 7230 SW 59TH AVE		2.2 NAME				
CHY 51 ZiP	MIAMI FL		2 4 CHTY-	ET ADDRESS - ST-ZIP			
TATLE	std Russo, Susan	DELETE 3		j	☐ Change ☐ Addition		hange Addition
NAMI STREET ADDRESS	7230 SW 59TH AVE		3.2 NAME 3.3 STRE	E EET ADDRESS			
CHTY-ST ZIP	MIAMI FL		3 4 CiTy				
THILE NAME		☐ DELETE	4 1 TITLE 4.2 NAME				change
SUBERT ADDRESS			•	ET ADDRESS			
OFFY ST Zer Hitte	· · · · · · · · · · · · · · · · · · ·	☐ DELFTE	44 CITY-				
NAME			5 1 TITLE 52 NAME				change
SPRELL ADDRESS				ET ADDRESS			
CHY SEZIE THEF		☐ DELETE	5 4 CITY - 6 1 TITLE			<u> </u>	hange [ ] Addition
NAME			6.2 NAME	]		u °	Ao T Modition
SUBSELIATORESS	/ /	//		ET ADDRESS			
City - S1 - 2iii: 1	certify that the information supplied	ed with this iling is voluntarily fo	6.4 City- urnished and do	es not qualify t	for the exemption stated in Section 119	.07(3)(k), Florida	Statutes. I further
COLUMN THREE	u le apronnamori moigated orminis a	urillai report or supplemental a	enovial renont is ti	nie and accura	ate and that my signature shall have the is report as required by Chapter 607, F	como local atta	at an if manda under
	\ ( / >	Comment with an ac	JUITOO.		1 1 -	_	
SIGNATI	URE:	/ X \			1118 196	6634	ተለዝ

SIGNATURE AND TYPED OR TRINTE ON AME OF SIGNING OFFICER OR DIRECTOR