

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90081 009 ****70.00

DOCUMENT # N01000008112

1. Entity Name

CARDIOLOGICAL SCIENTIFIC FOUNDATION OF PARAGUAY, INC.

Principal Place of Business

Mailing Address

**2917 N.W. 82ND AVENUE
 MIAMI FL 33122**

**2917 N.W. 82ND AVENUE
 MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-00 20514

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DUARTE, MANUEL J
 2917 N.W. 82ND AVENUE
 MIAMI FL 33122**

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.

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 \$61.25 + \$25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **EBNER, ADRIAN**
 STREET ADDRESS **BRASILIA ESQ. INSAURALDE NIVEL 3**
 CITY-ST-ZIP **ASUNCION PARAGUAY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** Delete
 NAME **DUARTE, MANUEL J**
 STREET ADDRESS **2917 N.W. 82ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WARNER, KENNETH ESQ.**
 STREET ADDRESS **2701 LE JEUNE ROAD SECOND FLOOR**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** Change Addition
 NAME **WARNER, KENNETH ESQ.**
 STREET ADDRESS **814 PONCE DE LEON SUITE 501**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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 REQUIRED MANUEL DUARTE

4/17/02

(305) 599-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)