2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)/

FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90227 044 ***150.00

DOCUMENT # P02000039 1. Entity Name GENDEX INTERNATIONAL, INC.	470 0		03-12-2003 90227 044	150.00	
Principal Place of Business Mailing Address . 13701 S.W. 180 TERRACE 13701 S.W. 180 TERRACE MIAMI, FL 33177 MIAMI, FL 33177		I			
2. Principal Place of Business 3. Mailing Address 6580 W 27 CT. 6580 W 27 CT. Suite, Apt. #, etc. Suite, Apt. #, etc.		т.	CHECK HERE IF MAKING CHANGES		
12 12 City & State City & State			4. FEI Number	Applied For	
HIALEAH, FL. Zip Country 33016 USA		Country	04−3643526 5. Certificate of Status Desired □ \$8.75	Not Applicable Additional	
6. Name and Address of Curren	Tage 1 to 1 t	USA	7. Name and Address of New Registered Agent	equired	
SANCHEZ GERALD Name			ANCHEZ, HERALD .	·	
6580 W. 27 CT. ≢12 MIAMI, FL 33016		Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
,) W 27 CT. # 12		
			ALEAH FL Zip Code 33016 registered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligations of registered agent. SIGNATURE Signeral, byted or printed name of registered agent and title 1 application. GERALD SANCHEZ — PRESIDENT 5/7/03 (NOTE Registered Agent signature required when scinstains) CATE FILE NOWALL FEE: 19, \$150,00 After May 1, 2003, Fee: will be \$550,00 Make Check Payable to Florida Department of State Trust Fund Contribution.					
10. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE DP SANCHEZ, GERALD STREET ADDRESS 6580 W. 27 CT. #12 MIAMI, FL 33016		STREET AUURISS 6	P ANCHEZ, BERALD 590 W 27 CT. # 12 IALEAH, FL. 33016	ange ☐ Addition 60%	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- □ Ch	ange □ Addition Ö	
TITLE NAME STREET ADDRESS CITY-ST-ZP		NAME STREET ADDRESS CITY-ST-2IP	. Ch	ange . 🗌 Addition .	
TITLE NAME STREET ADDRESS CITY-ST-2P		TITLE NAME STREET ADDRESS CITY-ST-2IP	_ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Constant State S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange Addition	
1/1LE NAME SIREE1 ADDRESS Crity-s1-2IP 12. I hereby certify that the information supplied with		TITLE NAME STREET ADDRESS CITY-ST-2IP exemption stated in	Ch Section 119.07(3)(i), Florida Statutes. I further certify that		

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. (786)251-053