

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000021572 (1)

1. Corporation Name

CORDIS ENDOVASCULAR SYSTEMS, INC.



Principal Place of Business

14740 NW 80 AVE  
MIAMI LAKES FL 33014  
US

Mailing Address

P.O. BOX 025700  
MIAMI FL 33102-5700  
US

3. Date Incorporated or Qualified

03/23/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0417542

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ANA MARIA  
14201 NW 60TH AVE  
MIAMI LAKES FL 33014

81 Name  
C.T. CORPORATION SYSTEMS

82 Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

83

84 City  
PLANTATION

FL 85 Zip Code  
33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

3/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	STRAUSS, ROBERT C	14201 NW 60TH AVE	MIAMI LAKES FL 33014	<input checked="" type="checkbox"/>
D	NOVAK, ALFRED J	14201 NW 60TH AVE	MIAMI LAKES FL	<input checked="" type="checkbox"/>
D	KRANYS, RUDY J	14201 NW 60TH AVE	MIAMI LAKES FL 33014	<input type="checkbox"/>
P	GOLD, JEFFREY G	14201 NW 60TH AVE	MIAMI LAKES FL	<input checked="" type="checkbox"/>
S	GONZALEZ, ANA MARIA	14201 NW 60 AVE	MIAMI LAKES FL	<input checked="" type="checkbox"/>
AT	DIANE M. BARRETT	14202 NW 60 AVE	MIAMI LAKES FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DIRECTOR	CROWLEY, PHILIP P.	14201 N.W. 60 AVENUE	MIAMI LAKES, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	FOWLER, THOMAS L.	14201 N.W. 60 AVENUE	MIAMI LAKES, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSISTANT SECRETARY	COLLINS, HENRY W.	14201 N.W. 60 AVENUE	MIAMI LAKES, FL 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

THOMAS L. FOWLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

Date

Daytime Phone #

0264726

CR2E034 (9/96)