SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000057323 (6)**

1. Corporation Name
D.D.L. MEDICAL SERVICES, INC.

Principal Place of Business
250 CATALONIA AVE.
#704
CORAL GABLES FL 33134
US

Mailing Address
250 CATALONIA AVE.
#704
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0433652 — 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

9. Name and Address of Current Registered Agent
~~GARCIA, JORGE~~
~~881 SW 124 CT.~~
~~SUITE 704~~
~~CORAL GABLES FL 33184~~

10. Name and Address of New Registered Agent
81 Name: JESUS, J. PASCAU
82 Street Address (P.O. Box Number is Not Acceptable): 250 CATALONIA AVE. SUITE 704
83 City: CORAL GABLES
84 State: FL 85 Zip Code: 33134

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 of new registered agent required) _____ (Signature of current registered agent required) 7/2/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	~~D~~	☐ DELETE
NAME	~~PASCAU, JESUS J~~	
STREET ADDRESS	~~25310 S.W. 125TH CT.~~	
CITY-ST-ZIP	~~MIAMI FL 33032~~	
TITLE	~~VP~~	☐ DELETE
NAME	~~GARCIA, JORGE~~	
STREET ADDRESS	~~881 SW 124 CT.~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	~~V~~	☐ DELETE
NAME	~~GARCIA, JORGE~~	
STREET ADDRESS	~~881 SW 124 CT.~~	
CITY-ST-ZIP	~~MIAMI FL 33184~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	☐ Change ☐ Addition
1.2 NAME	PASCAU, JESUS J	
1.3 STREET ADDRESS	250 CATALONIA AVE. SUITE 704	
1.4 CITY-ST-ZIP	Coral Gables,FL.33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-07/15/96--01006--047
***225.00

CR2E034 (3/96)

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X President/Director 07/02/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #