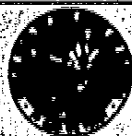


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N11827 (5)
1. Corporation Name
FLORIDA ASSOCIATION OF MEDICAL TECHNOLOGISTS CORP.

Principal Place of Business

Mailing Address

**C/O ENRIQUE DE GRANDA
9220 S.W. 67TH STREET
MIAMI FL 33173**

**C/O ENRIQUE DE GRANDA
9220 S.W. 67TH STREET
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2816068	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, 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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE GRANDA, ENRIQUE
9220 S.W. 67TH STREET
MIAMI FL 33173**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GUETHON, JOSE	1.2 NAME	
STREET ADDRESS	11001 S.W. 42ND TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DE GRANDA, ENRIQUE	2.2 NAME	
STREET ADDRESS	9220 SW 67TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GALI, ELENA	3.2 NAME	
STREET ADDRESS	15232 S.W. 9TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33184	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMOS, MERCY	4.2 NAME	
STREET ADDRESS	14830 S.W. 81ST STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROMERO, SILVIA	5.2 NAME	
STREET ADDRESS	7170 S.W. 21ST STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #