

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000004060

**Entity Name:** MEDIKTOR CORP.

**Current Principal Place of Business:**

175 SW 7TH ST, STE 1717  
MIAMI, FL 33130

**Current Mailing Address:**

1313 PONCE DE LEON BLVD STE 201  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-0667507

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ML RIVERO & ASSOCIATES, LLC  
1313 PONCE DE LEON BLVD STE 201  
CORAL GABLES, FL 33134 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            PASCUAL FORCADA, CRISTIAN  
Address        175 SW 7TH ST, STE 1717  
City-State-Zip: MIAMI FL 33130

Title            ASST  
Name            RUIZ, XAVIER  
Address        175 SW 7TH ST, STE 1717  
City-State-Zip: MIAMI FL 33130

Title            TRES  
Name            GARCIA ESQUIROL, OSCAR  
Address        175 SW 7TH ST, STE 1717  
City-State-Zip: MIAMI FL 33130

Title            SECR  
Name            VALLET, RAFAEL  
Address        175 SW 7TH ST, STE 1717  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRISTIAN PASCUAL FORCADA

P

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date