FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

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ANNUAL REPORT
4000

DIVISION OF CORPORATIONS 1996 F20767 DOCUMENT #
1. Corporation Name UNI-MED INTERNATIONAL CORPORATION Principal Place of Business Mailing Address P.O. Box 33/120 700 NW 214 5t. MIAMI, FL 33233 3. Date Incorporated or Qualified 3a. Date of Last Report 45 02/23/198/ 4. FEI Number 2. Principal f lace of Business 2a. Mailing Address Applied For 59-2077652 26 Not Applicable 21 Suite Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Horida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SPENCER, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 82 3641 N. 47TH AVE. 83 HOLLYWOOD, FL 33021 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Bug steren Agent signal vaire Signature, typed or printed han e of regeltered agent and title if applicable 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE Change Addition 3 1 TITLE SPENCER, RICHARD T. 1.2 NAME NAME STREET ADDRESS 3641 N. 47TH AVE. 1.3 STREET ADDRESS F1 3302/ CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ☐ Change Addition TITLE 2 1 THE SPENCER, KICHAROT. 2.2 NAME NAME 3641 N. 47 TH MUE. STREET ADDRESS 2.3 STREET ADDRESS SETTION ...
HOLLYLJOOD, FL 33-02/ 2.4 C/TY - ST - Z/F Change Addition 3 1 100 F TELLE NAME 3.2 NAM[§] 3641 N. 47 TH AUE 3.3 STREET ADDRESS STREET ADDRESS HOLLY WOOD, FL 3302 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change 4 1 1IT1 E ■ Addition THLE NAME SQUQQI 70027; 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 712 ***2005.00 DELETE Change TITLE 5 1 100 E Addition 5.2 NAME NAME STREET ADORESS 5.3 STREET ACIDRESS 5.4 CHY-ST-7P City - ST - ZiF DETETE ☐ Addition THLE 6 1 THE Change NAME 6.2 NAME

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 607, Florida Statutes; and that my mame appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

64 CITY - ST- ZIP

STREET ADDRESS

CITY-SI-ZIP

R DR DIRECTOR

March 19, 1996 Day

CR2E034 (12/95