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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F24189

1. Corporation Name

ADMA, CORP.

FILED Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90069 044 ***158.75



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Principal Plac	ce of Business	Mailing Address				[eranı elem elem i	HARA BARA ABBI	
8390 N.W. 53RD STREET. SUITE 314 8390 N.W. 53RD STREET. SU MIAMI FL 33166 MIAMI FL 33166			UITE 314		. DO NO	OT WRITE IN THIS	C CDACE		
					3. Date Incorporated or Q		S SPACE		1
					03/26/1981	ganieg			
2. Principal Place of Business 2a. Mailing Address			<u> </u>		4. FEI Number		l An	plied For	١.
21		26			59-2082364	•		t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					\$8.75		ं
22		27			5. Certifcate of Status Des	sired	Fee Re		}
City & Stat	te	City & State			6. Election Campaign Fina	ancing	\$5.00	May Be	
23		28			Trust Fund Contribution	١. ـ	Added t	o Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes t			r***.	
24	25		30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of	New Registered	Agent		ł
GAF	RCIA, HORACIO	•							
	O RIVIERA DR			32 Street Addr	ress (P.O. Box Number is Not	Acceptable)			
COF	RAL GABLES FL 33146		-	33	* * * * * * * * * * * * * * * * * * * *		14.313. 11.3	18.1 31.11 331	
			L					特別	
				City		FI		Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove-named corp	oration submits this statement	for the purpose o	f changing its	registered	
	registered agent, or both, in the State o am familiar with, and accept the obligati				on's board of directors. I hereb	y accept the appo	intment as req	gistered	
	,	0113 07, 00011011 007.0000, 1 1011	de Otatu	.	•				
									ı
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	gent signature require	d when reinstating)	DATE			۽ ا
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	Registered A	gent signature require	ADDITIONS/CHANGES				(00)
	Signature, typed or printed name of registered agent OFFICERS AND			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12	7441001
12.	Signature, typed or printed name of registered agent OFFICERS AND PD MENENDEZ, PEDRO	DIRECTORS	13.	E	ADDITIONS/CHANGES				194 744 700)
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD MENENDEZ, PEDRO 435 LEVCADENDRA DRIVE	DIRECTORS	13. 1.1 TITL 1.2 NAM	E	ADDITIONS/CHANGES				144,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD MENENDEZ, PEDRO 435 LEVCADENDRA DRIVE CORAL GABLES FL 33156	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E E EET ADDRESS	ADDITIONS/CHANGES		☐ Change	Addition	144 MON
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD MENENDEZ, PEDRO 435 LEVCADENDRA DRIVE CORAL GABLES FL 33156 SDV	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E E EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES				CD2E02/44/00
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD MENENDEZ, PEDRO 435 LEVCADENDRA DRIVE CORAL GABLES FL 33156 SDV GARCIA, HORACIO	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	E E E E E E E E T ADDRESS -ST-ZIP E E	ADDITIONS/CHANGES		☐ Change	Addition	CD2E034 (41 l08)
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14. I 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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: