

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H21165 (6)

1. Corporation Name

ARROW MEDICS INTERNATIONAL, INC.

Principal Place of Business

**C/O ILEANA M. ROMEU
2924 NW 109TH AVE
MIAMI FL 33172-2005**

Mailing Address

**C/O ILEANA M. ROMEU
2924 NW 109TH AVE
MIAMI FL 33172-2005**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/05/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2450880

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

2. Principal Place of Business

21 9745 SW 72ND STREET

2a. Mailing Address

26 SAME

Suite, Apt., etc.

Suite, Apt., etc.

22 206

27

City & State

City & State

23 MIAMI - FL

28

Zip

Country

Zip

Country

24 33173-4619

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMEU, ILEANA M.
2600 S.W. 3RD AVENUE
MIAMI FL 33129**

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **ARRUE, JUAN LUIS**
STREET ADDRESS **7025 SW 98 AVE**
CITY-ST-ZIP **MIAMI FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

SAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE

31 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

41 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE

71 TITLE ☐ Change ☐ Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY-ST-ZIP

74 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 110.07(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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Juan L. Arrue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/95

(305) 598-7448

Date

Telephone Number