

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

APPROVED
AND
FILED

95 JUL 20 AM 9: 21

TALLAHASSEE, FLORIDA

600001533776
-07/10/95--01031--011
***9225.00 ***225.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # J79241 (2)
1. Corporation Name
JAV MEDICAL INVESTMENTS, INC.

Principal Place of Business Mailing Address

~~FLORIDA REGISTERED AGENTS-INC
100 SE 2 STR. STE 9000
MIAMI FL 33131
US~~

~~FLORIDA REGISTERED AGENTS-INC
100 SE 2 STR. STE 9000
MIAMI FL 33131
US~~

2. Principal Place of Business 2a. Mailing Address

21 2601 S. Bayshore Dr. 26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 1600 27 Suite 1600
City & State City & State

23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country

24 33133 25 U.S. 29 33133 30 U.S.

3. Date Incorporated or Qualified 06/22/1987 3a. Date of Last Report 04/29/1994

4. FEI Number 59-1485758 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

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC
100 SE 2 STR
STE 9000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive
83 Suite 1600
84 City Miami FL 85 Zip Code 33133

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 duties of a registered agent.

A Z REGISTERED AGENTS CORPORATION

SIGNATURE BY Justin T. Wilson Justin T. Wilson 7/17/95
Secretary DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VALLEJO, JORGE
STREET ADDRESS	4765 W. 8TH AVE.
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Justin T. Wilson
Justin T. Wilson Secretary

7/17/95

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandis B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J E 4 3 5 3

1. Corporation Name

OBSESSION AMAN + AUBMAN INC.

Principal Place of Business

Mailing Address

66 1ST STREET
FT MYERS, FL 33907

66 1ST ST
FT MYERS FL 33907

300001545103
-07/25/95--01053--024
******225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 66 1ST STREET

26 66 1ST STREET

4. FEI Number

#65-0397492

Applied For
Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 City & State

FT Myers FL

28 City & State

FT Myers FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24 Zip

33907

25 Country

LEE

29 Zip

33907

30 Country

LEE

8. This corporation has liability for intangible tax under S 199 032
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER J GUITTARD
66 1ST ST
FT MYERS FL 33907

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 1504 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

WALTER J GUITTARD

6-26-95

Signature typed in printed name of registered agent and fee if applicable

(82)(1) Registered Agent signature required when resigning.

(84)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OWNER PRESIDENT
NAME WALTER J. GUITTARD
STREET ADDRESS 66 1ST STREET
CITY ST ZIP FT MYERS, FL 33907

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 193 (3)(B) Florida Statutes. I further certify that the information contained 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:

WALTER J. GUITTARD

6-26-95

813 278 3931

Signature and typed or printed name of signing officer or director

Date (month/year)