SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:35

DOCUMENT # **K09679** **(7)**

1. Corporation Name
HOSPITECHNIK AMERICANA, INC.

Principal Place of Business
8453 N.W. 68TH STREET
MIAMI FL 33166

Mailing Address
8453 N.W. 68TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 07/15/1994
4. FEI Number: 65-0027414 ☐ 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
GANTT, RAGAN
8220 SUNSET DRIVE
MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name: DE CARVALHO, JOSE H. DR.
82 Street Address (P.O. Box Number is Not Acceptable): 8453 NW 68th ST
83
84 City: MIAMI FL
85 Zip Code: 33183

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: Claudia Tamancoldi Hansen — 06/26/95
Signature, typed or printed name of registered agent and title if applicable — DATE
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE CARVALHO, JOSE H DR.
STREET ADDRESS	8453 N.W. 68TH STREET
CITY ST ZIP	MIAMI FL 33166
TITLE	VT
NAME	PRUSS, EDGAR
STREET ADDRESS	9740 S.W. 146TH STREET
CITY ST ZIP	MIAMI FL 33176
TITLE	(SECRETARY)
NAME	Claudia Tamancoldi Hansen
STREET ADDRESS	9392 S.W. 77AVE APT#E7
CITY ST ZIP	~~Miami FL 33156~~
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

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP	Delete PRUSS, EDGAR	☒ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Claudia Tamancoldi Hansen (305) 593-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY 06/26/95

000077 CP