

**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 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K32594** (9)

1. Corporation Name  
**BUSTILLO SURGICAL, INC.**

Principal Place of Business <b>9-FLORIDA REGISTERED AGENTS-INC 100 SE 2-STR-STE 6000 MIAMI FL 33131 US</b>	Mailing Address <b>C/O FLORIDA REGISTERED AGENTS-INC 100 SOUTHEAST 2ND STREET-#2000 MIAMI FL 33131 US</b>
---	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/08/1988</b>	3a. Date of Last Report <b>04/04/1994</b>
--	--

2. Principal Place of Business 21 <b>1840 W. 49th St.</b> Suite, Apt. #, etc. 22 <b>Suite 607</b> City & State 23 <b>Hialeah Florida</b> Zip 24 <b>33012</b>	2a. Mailing Address 26 <b>1840 W. 49th St.</b> Suite, Apt. #, etc. 27 <b>Suite 607</b> City & State 28 <b>Hialeah Florida</b> Zip 29 <b>33012</b>	Country 25 <b>U.S.</b> 30 <b>U.S.</b>
---	--	---

4. FEI Number <b>65-0070049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FLORIDA REGISTERED AGENTS-INC  
100 SOUTHEAST 2ND STREET-#3000-  
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 a registered agent of the corporation.

SIGNATURE By: **Justin T. Wilson**  
Secretary

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	NAME <b>BUSTILLO, ANDRES</b>
STREET ADDRESS <b>1840 W. 49TH ST., STE 607</b>	
CITY - ST - ZIP <b>HIALEAH FL</b>	
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	

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)(b), 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: **Andreas Bustillo - Director** 4/26/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR