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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 JAN 31 PM 2:55

DOCUMENT # K35547 (4)

1. Corporation Name
PULMOTECH AFFILIATES, INC.

Principal Place of Business	Mailing Address
7945 SW 23 STREET MIAMI FL 33155	7945 SW 23 STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1988
3a. Date of Last Report: 01/21/1994

21 2. Principal Place of Business: 8402 SILVERY LANE
36 2a. Mailing Address:
4. FEI Number: 65-0076429 ☐ 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: DEARBORN HGHTS. MI.
28 City & State:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip: 48127 25 Country: U.S.A
29 Zip: 30 Country:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENENDEZ, RAFAEL
7945 SW 23 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: MARTA RODRIGUEZ (DIRECTOR)
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2777 S.W. 12nd. STREET
84 City: MIAMI FL 85 Zip Code: 33145

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 X Marta Rodriguez 1-21-95 MARTA RODRIGUEZ (DIRECTOR)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	MENENDEZ, RAFAEL	1.2 NAME	
STREET ADDRESS	7945 SW 23 STREET	1.3 STREET ADDRESS	8402 SILVERY LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	DEARBORN HEIGHTS, MI - 48127
TITLE	S	2.1 TITLE	☑ Change ☐ Addition
NAME	ESTUPINAN, OLGA M.	2.2 NAME	
STREET ADDRESS	7945 SW 23 STREET	2.3 STREET ADDRESS	8402 SILVERY LANE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	DEARBORN HEIGHTS, MI - 48127
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Rafael J. Menendez RAFAEL J. MENENDEZ — PRESIDENT 1-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional Phone #)

0166469 CP