

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K85829

(5)

1. Corporation Name

AMITY-MEDICAL CORPORATION

Principal Place of Business

3305 N.W. 7TH STREET
MIAMI FL 33125

Mailing Address

3305 N.W. 7TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0116581

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMEJO, EMILIO
3041 SW 7 ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

CAMEJO, EMILIO

82 Street Address (P.O. Box Number is Not Acceptable)

5555 COLLINS AVE #5W

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

Emilio Camejo

EMILIO CAMEJO

4/21/95

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMEJO, EMILIO
STREET ADDRESS	3041 SW 7 ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CAMEJO, ISABEL R.
STREET ADDRESS	3041 SW 7 ST
CITY - ST - ZIP	MIAMI FL
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	D	☒ Change ☐ Addition
1.2 NAME	CAMEJO, EMILIO	
1.3 STREET ADDRESS	5555 COLLINS AVE #5W	
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33140	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	CAMEJO, ISABEL R.	
2.3 STREET ADDRESS	5555 COLLINS AVE #5W	
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33140	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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:

Emilio Camejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 305-6420051
DATE TELEPHONE #