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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K85829

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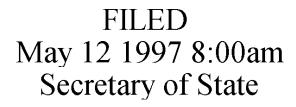
AMITY MEDICAL CORPORATION

Mailing Address

3305 N.W. 7TH STREET MIAMI FL 33125

Principal Place of Business

3305 N.W. 7TH STREET MIAMI FL 33125-4103





| MINNETE OUISU | | WILYWH EL | . 33123-4103 | | | | | | | |
|----------------------------|-------------------------------------|--|--|------------------------|---|----------------------------------|--|------------------------|-----------------------------|--|
| | | | | | | | 3. Date Incorporated or Qualified | 3a. Da | ate of Last Re | eport |
| | | | | 05/05/1989 05/01/1996 | | | | | | |
| 2. Principal Piace of Busi | 2a. Maili | 2a. Mailing Address | | | 4. FEI Number | | | plied For | | |
| 21 | | 26 | | | | 65-0116581 | | No | t Applicable | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 52 | \$8.75 | | |
| 22 | | 27 | | | | | g, columbic of diago position | * | Fee Re | quired |
| Gity & State | | · · · · · · · | & State | | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 7in | Country | 28 | ······································ | <u> </u> | 4. : | | Trust Fund Contribution | | Added to | |
| Zip | Country | Zip | } | Coun | try | | 8. This corporation has liability for i | | | 199.032, |
| 24 a Name | 25 and Address of Curre | 29 | | 30 | | | | · | No | |
| | | it mogratored | Agent | | 31 | Name | 10. Name and Address of New Re | jisterea . | Agent | ·************************************* |
| CAMEJO, EMIL | | | | L | | • | | | | |
| 3305 NW 7TH | | | | E | 32 | Street Addr | ess (P.O. Box Number is Not Acceptab | le) | | |
| MIAMI FL 3312 | 5 | | | - | 33 | | | | | |
| | | | | 1 | ~ | | | | | |
| | | | | Ē | 34 | City | | | 85 Zip C | Code |
| 11 Purement to the provis | ione of Sections 607.050 | 12 and 607 150 | 19 Florida Ctatuta | e the ob | | namad aara | paration of the statement for the | FL | | |
| office or registered ag | gent, or both, in the State | of Fiorida, Su | ch change was a | s, me aux uthorized | by 1 | the corporati | oration submits this statement for the pion's board of directors. I hereby accep | urpose of I the app | changing its ointment as | s registerea registered |
| agent. Lam familiar w | ith, and accept the oblig | ations of, Sect | ion 607.0505, Flo | rida Statu | tes. | | • • | , , | | • |
| SIGNATURE | r ce printed same of registered ag- | ************************************** | , Alore | B. Carrie | | | | | | |
| 12. | OFFICERS AN | | | 13. | Agen | i signature requir | ed when reinstaling) ADDITIONS/CHANGES TO OFFIC | DATE EDG AND | DIDECTOR | C 141 2 |
| TOLE D | C7 / 10/C1 10 / 11 4 | DEFICOTOR | DELETE | 1.1 TITL | F | | ADDITIONS/CHANGES TO OFFIC | ENO ANL | Change | Addition |
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| CHY-ST Zer MIAMI FL | | | | 14 CITY | | | | | | |
| THE D | | | DELETE | 2 1 TITL | | - ZIF | | | Change | Addition |
| 0 | , ISABEL R. | | | 22 NAM | | 1 | | | CT Augusto | L.J Addition |
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| CITY ST ZIF MIAMI FL | | | | 2 4 CIT | - 7 | | | | | |
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| STEFFE* ALLORESS | | | | | | DDRESS | | | | |
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| NAME | | | | 5.2 NAM | | | • | | | |
| STREET ADDRESS | | | | 5.3 STRE | | DDRESS | | | | |
| CHY-SI-ZIP | | | | 5.4 CITY | | | | | | |
| illi | | | DELETE | 6.1 TITLE | • | - 20 | | | Change | Addition |
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| STREET ADDRESS | | | | 6.3 STRE | | nnarec | | | | |
| CRY-St ZiP | | | | 6.4 CITY | | | | | | |
| | t the information supplied | d with this filing | a does not qualify | | | | in Section 119.07(3)(i). Florida Statutes | Lfurther | certify that t | the l |

nlormation 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 changed, or on an attachment with an address.

SIGNATURE:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 305-6420051