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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10556

NEBU MED, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90009 029 ***150.00



1686 CORAL W		1686 CORAL WAY				•	
MIAMI FL 33145	5-2858	MIAMI FL 33145-2858			. DO NOT WRITE IN THI	S SPACE	
						O OF ACE	
					3. Date Incorporated or Qualifed		Ì
					08/22/1989		
2. Princinal Pl	lace of Business	2a. Mailing Address			4. FEI Number	. A	pplied For
		26			65-0160226	I N	ot Applicable
21		Suite, Apt. #, etc.			00 0 100220		Additional
Suite, Apt. #, etc.				5. Certificate of Status Desired		equired	
22		27					
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year Is	ntangible	-
24	25	29	30		Personal Property Tax.	Yes	M⊠No
24	9. Name and Address of Curre		100		10. Name and Address of New Registered	Agent	
	5. Name and Address of Curren	iit Kegistereo Agent	81	Name			
1101	ITEACURO IORGE			Name			
MONTEAGUDO, JORGE			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
1630) SW 96 AVENUE				100000000000000000000000000000000000000		
MIAN	VII FL 33145		83	3			41 34 5N
	¥						14 12 1
			84	City	F	85 Zip	Code
grade advice a light	<u> </u>			1			o registered
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the abov	re-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	อง changing แ nintment as ก	egistered
office of fi	egistered agent, or both, in the State	etions of Section 607 0505 Ele	ride Statute	y ule corporau	ions board of directors. I hordey decept ine upp		
l agentia	m tamiliar with, and accept the obliga		niua Statute:	3.			
	m familiar with, and accept the obliga	ations of, Section 607.0303, Fic	riua Statute:	5.			
SIGNATURE	• •				ed when reinstating) / DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Age		ed when reinstating) / DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Age	ant signature require			ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE	13.	ent signature require	ed when reinstating) / DATE	ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI DP MONTEAGUDO, JORGE	ent and title if applicable. (NOTE	1.1 TITLE	ant signature require	ed when reinstating) / DATE	ND DIRECT	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DP MONTEAGUDO, JORGE	ent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature require ET ADDRESS ST-ZIP	ed when reinstating) / DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AT DP MONTEAGUDO, JORGE 1630 S.W. 96 AVENUE	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ent signature require	ed when reinstating) / DATE	ND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

GNING OFFICER OR DIRECTOR