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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M27891

(4)

KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATE



•	f Business	Mailing Address			1 1444444 144				
815 NW 57 AVENUE #480 MIAMI FL 33126		815 NW 57 AVENUE #480							
MIAME FL 33	3126	MIAMI FL 33126			3. Date Incorporate	d or Qualified	3a. Date	of Last F	Report
					02/26/19	36	()3/03/	1995
. Principal Plac	e of Business	2a. Mailing Address		-	4. FEI Number				Applied For
]		26			59-2664	371			Not Applicabl
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired			5 Additional Required
Crty & State		City & State		*	6. Election Campaig	n Financing			00 May Be
ony a cumo		28			Trust Fund Cont				d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation	has liability for in	ntangibie ta	under s	199.032,
	25	29	30		Florida Statutes	☑ Yes	□ No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Add	ress of New R	egistered /	gent	
				81 Name					
PUJÓL,	, Laureano			82 Street	Address (P.O. Box Number i	s Not Acceptabl	e)		
815 NV	V 57 AVE 480								
,				83					
MIAMI (FL 33126		ļ	84 City				85 Z	ip Code
	the provisions of Sections 607.0502						FL.		
GNATURE	agnature, typical or printed martie of registered again	t and tite it applicable	(NOTE Registered	Aprint signature i	required wher renstating:		DATE		
							0000	DIDECT	000 11140
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4. Too fereby 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/92 (305-)762-