

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # M27891 (4)
1. Corporation Name
KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATE
D

Principal Place of Business

Mailing Address

815 NW 57 AVENUE #480
MIAMI FL 33126

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MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1986

4. FEI Number

59-2664371

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PUJOL, LAUREANO
815 NW 57 AVE 480
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KOLLER-STORZ, GUDRUN
STREET ADDRESS 815 NW 57 AVE #480
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE
NAME STORZ-RELING, SYBILL
STREET ADDRESS 815 NW 57 AVE #480
CITY- ST- ZIP MIAMI FL

TITLE T ☒ DELETE
NAME ZICKFELD, ROGER
STREET ADDRESS 600 CORPORATE POINTE
CITY- ST- ZIP CULVER CITY CA

TITLE S ☒ DELETE
NAME ROTHE, PETER
STREET ADDRESS 600 CORPORATE POINTE
CITY- ST- ZIP CULVER CITY CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P
2.3 STREET ADDRESS STORZ-RELING, SYBILL
2.4 CITY- ST- ZIP 815 N.W. 57th Ave. Ste. 480, Miami, FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME T
3.3 STREET ADDRESS ROBERT DEAN
3.4 CITY- ST- ZIP 815 N.W. 57th Ave. Ste. 480
MIAMI, FL 33126

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S
4.3 STREET ADDRESS LAUREANO PUJOL
4.4 CITY- ST- ZIP 815 N.W. 57th Ave. Ste. 480, Miami, FL

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 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.

SIGNATURE:

Laureano Pujol

2/24/98

(305) 262-8980

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