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1. Entity Name KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORA					SECRETARY OF SOME	STATE		≷
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Principal Place of Business Mailing Address					0.0010111	1 4. 30		
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Place of Business		3. Mailing Address		וסו	CINIOTATEM.	0170 157	1.14.	
		Suite, Apt. #, etc.					Z Services, A	_
te		City & State		4.	FEI Number 59-2664371	<u> </u>		-
Zip Country		Zip	Country	5.	Certificate of Status Desired	₩ \$8.75 A	dditional	1
6. Name and A	ddress of Current Re	aistered Agent				7 Tee Hequi	red ;	-
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PUJOL, LAUREANO								
57 AVE 480		,		12 1		<u> </u>		┨
. 33126		_	City	1C4 C	6 AUSCES	₹ Zin Ce	ide /	-
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e named entity subm	alts his statement to the	- 1 ~ -	·	egistered ag f	pent, or both, in the State of Flor			
	17000	V Vn /		BERT	HENRY		01	
		1			einstating)	DATE		4
requirement and ele		After September 12	, 2001 Fee will be	\$750.00			00 May Be ed to Fees	
	OFFICERS AND DI	RECTORS	12.	AC	DITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11	1_
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IAME ROBERT, DEAN STREET ADDRESS 815 NW 57 AVF #480			NAME STREET ADDRESS	RESS				
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	Co of Business AVENUE #480 Place of Business AVENUE #480 Place of Business The Country of the	Place of Business AVENUE #480 126 Place of Business AVENUE #480 126 Place of Business AVENUE #480 126 Country 6. Name and Address of Current Re AUREANO 57 AVE 480 Signature, typed or printed ratine of registered agent and protection is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND DI P STORZ-RELING, SYBILL 815 NW 57 AVE #480 MIAMI FL 33126 T ROBERT, DEAN 815 NW 57 AVE #480 MIAMI FL 33126 S PUJOL-LAUREANO	MENT # M27891 The ORZ ENDOSCOPIA LATINO AMERICA INCORPO Ce of Business	The ORZ ENDOSCOPIA LATINO AMERICA INCORPORATE ORZ ENDOSCOPIA LATINO	The Correction is eligible to satisfy is transpible requirement and elects to do so. Particular Handlers of Corrections and the Republish Process of Corrections of Delete Process of Correct State	MENT # M27891 ORZ ENDOSCOPIA LATINO AMERICA INCORPORATE OI OCT 31 PA OFFICER AND OFFICER AND DIRECTORS Place of Business Mailing Address 815 NW 57 AVE #480 MAIN F. 33128 Place of Business Allegance of Business S. Mailing Address 815 NW 57 AVE #480 MAIN F. 33128 Place of Business S. Mailing Address 815 NW 57 AVE #480 MAIN F. 33128 Delide FILE NOW!! Feel IS \$55,00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Property of AMERICA OFFICERS AND DIRECTORS Delide TITLE OBERT JEAN ADDITIONS/CHANGES ONLY 1728 SIRVER JADIESS ONLY 1728 OFFICERS AND DIRECTORS TITLE OBERT JEAN ADDITIONS/CHANGES ONLY 1728 SIRVER JADIESS ONLY 1728 OFFICERS AND DIRECTORS TITLE OBERT JEAN ADDITIONS/CHANGES ONLY 1728 SIRVER JADIESS ONLY 1728 SIRVER JADIESS ONLY 1728 OFFICERS AND DIRECTORS TITLE OBERT JADIESS ONLY 1728 OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS TITLE OBERT JADIESS ONLY 1728 OFFICERS AND DIRECTORS TITLE OBERT JADIESS ONLY 1728 ONLY 1	THE DISTORY BY A LATINO AMERICA INCORPORATE ORZ ENDOSCOPIA LATINO AMERICA INCORPORATE OI OCT 31 PM 4: 50 OI OCT 31 PM 4: 50	MENT # M27891 for ORZ ENDOSCOPIA LATINO AMERICA INCORPORATE OI OCT 31 PM 4: 50 OI OC

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-262-8980