

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M27891

FILED
Feb 22, 2005
Secretary of State

Entity Name: KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATED

Current Principal Place of Business:

815 NW 57 AVENUE #480
MIAMI, FL 33126

New Principal Place of Business:

815 N.W. 57 AVENUE
SUITE # 480
MIAMI, FL 33126

Current Mailing Address:

815 NW 57 AVENUE #480
MIAMI, FL 33126

New Mailing Address:

815 N. W. 57 AVENUE
SUITE # 480
MIAMI, FL 33126

FEI Number: 59-2664371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, ROBERT H
1415 BARACOA AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STORZ, SYBILL
Address: 815 NW 57 AVE #480
City-St-Zip: MIAMI, FL 33126

Title: TSD () Delete
Name: DEAN, ROBERT
Address: 815 NW 57 AVE #480
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: HEINE, GUDRUN
Address: 815 NW 57 AVE #480
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DEAN

TSD

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date