

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M27891

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** KARL STORZ ENDOSCOPIA LATINO AMERICA INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2664371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
815 NW 57 AVE  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

LUNA, RAMON G  
KARL STORZ - 815 NW 57 AVE  
#480  
MIAMI, FL 33126 US

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: RAMON G. LUNA

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: PLATT, STEPHEN M  
Address: 815 NW 57 AVE #480  
City-St-Zip: MIAMI, FL 33126 US

Title: D  
Name: STORZ, KARL-CHRISTIAN  
Address: 815 NW 57 AVE #480  
City-St-Zip: MIAMI, FL 33126 US

Title: S  
Name: ROSENBAUM, MARTIN  
Address: 815 NW 57 AVE #480  
City-St-Zip: MIAMI, FL 33126 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN M. PLATT

T

03/20/2012

Electronic Signature of Signing Officer or Director

Date