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Jan 25, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11827

1. Corporation Name

FLORIDA ASSOCIATION OF MEDICAL TECHNOLOGISTS CORP.

Principal Place of Business

C/O ENRIQUE DE GRANDA  
9220 S.W. 67TH STREET  
MIAMI FL 33173

Mailing Address

C/O ENRIQUE DE GRANDA  
9220 S.W. 67TH STREET  
MIAMI FL 33173



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/31/1985

4. FEI Number

59-2816088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

DE GRANDA, ENRIQUE  
9220 S.W. 67TH STREET  
MIAMI FL 33173

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME GUETHON, JOSE  
STREET ADDRESS 11001 S.W. 42ND TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME DE GRANDA, ENRIQUE  
STREET ADDRESS 9220 SW 67TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GALI, ELENA  
STREET ADDRESS 15232 S.W. 9TH TERRACE  
CITY-ST-ZIP MIAMI FL 33184

TITLE D ☐ DELETE

NAME RAMOS, MERCY  
STREET ADDRESS 14830 S.W. 81ST STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ROMERO, SILVIA  
STREET ADDRESS 7170 S.W. 21ST STREET  
CITY-ST-ZIP MIAMI FL

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Enrique De Granda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/7/99 305-596-0558  
Daytime Phone

CR2E037 (1/98)