## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2002 8:00 am Secretary of State 04-10-2002 90364 011 \*\*\*150.00

DOCUMENT # P00000040144					Secretary of State 04-10-2002 90364 011 ***150.00	
DOCUMENT # P00000040744  1. Entity Name  Mediper USA, Inc						
DO NOT WRITE IN THIS SPACE					828540	
2. Principal Place of Business 320 S Flamings Rd. #65 T F50 Toff ST  Suite, Apt. #, etc.  Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
165 City & State		Pembroke Pi	? nes	4.	FEI Number 5- 1001105	Applied For Not Applicable
zip 3302 (	Country	Zip	Country USA		Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	<u> </u>	1		7. Na	ame and Address of Current Registered	Agent
Name Lall					× A. OLIVA	
DO NOT WRITE Street Address (P.					O. Box Number is Not Acceptable)	
IN THIS SPACE						
Oity Pem Br					roke Pines FL Zip Sogg 026	
8. The above	named entity submits this statement for	the purpose of changing its				1 2202 8
		1			// / >	_
SIGNATURE	Syniture, typed or similar sine or registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature	required when re	einstating) DATE	<u> </u>
Toy filing requirement and electric do so.  After May 1,			ay 1 Fee is \$150. 1, Fee is \$550.00 I UBR is \$61.25 le to Department		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	DIRECTORS				
TITLE NAME	PRESIDENT Felix A OLIVA	0. 41	TITLE NAME		•	
STREET ADDRESS	Felix A. OLIVA 320 S. Flamingo Pemoroke Pines,	FL 33026	STREET ADDRESS CITY-ST-ZIP			
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13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is to prove the receiver or trustee and the receiver of trustee.	this filing does not qualify for true and accurate and that m	the exemption state y signature shall have	d in Section ve the same	119.07(3)(i), Florida Statutes. I further certilegal effect as if made under oath; that I all	ify that the information in an officer or director

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR