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2001 UNIFORM BUSINESS REPORT (UBR) 06-29-2001 90005 017 FILED DOCUMENT # P00000 111527 01 SEP -5 PH 3. 25 HEDICAL INTERNATIONAL, CORP. SECRETARY OF STATE Principal Place of Business Mailing Address 8249 NW, 36TH ST A0075434 See 102 SAME MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 13324 5W <u>3324 Sw.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number MIAMI MIAM I 65-1073921 Not Applicable 32186 Country \$8.75 Additional 5. Certificate of Status Desired 1) 5A **33186** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 LEOPOLDO KIOS, LEOPOLDO 1800 W, 49 th ST, # 207 Street Address (P.O. Box Number is Not Acceptable) # 301 Troo or HIDIERH, FL 33012 HILLEAH 8. The above named entity authority this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 06/25/01 SIGNATURE (NOTE: Registered Agent's gnature required when reinstaling) FILE NOW!!! FEE IS \$150.00 F/Atter MAY ... 2001 Fee will be 3550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filling requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Addition Delete ☐ Chance MEDINA, HENRY A 13324 SW, 144+4 TERR MIAMI, FL 33186 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition CALATRA DA, ISA DEL (13924 SW) 144TH TERR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -- ギレ- 33186 CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TELL E ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change C Addition FIELE ☐ De etc TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate application at 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 attachagen, with amaddress, with all other like improvered. 0612510L SIGNATURE: OF SIGNING OFFICER OR DIRECTOR Omorne Phone 6

attachment Dac# Pacaco 111587 Aconstisy

MEDICAL INTERNATIONAL, CORP.

June 25th, 2001

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee FL 32302-1500

Doc. Number: P00000111527

Dear Sir/Madam:

Regarding the 2001 Annual Report for this Corporation, we never received the original form to be filed with the DOS because we moved. Also we were in a foreign country by the time of the filing of the report. Please take this explanation as an apology in our part, and kindly accept the 2001 Uniform Business Report and the check for US\$ 150.00 enclosed with this letter.

Again, we apologize for any inconvenience.

Very Truly Yours,

Medical International, Corp.

legry A. Medora Président-Director