


2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**  
05-29-2003 90138 021 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name ONE AND ONE RECYCLING CORPORATION & IMPORT AND EXPORT	P01000073389	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		3405 NW 135th Street	
City & State		City & State	
Zip		Zip	
Country		Country	

<b>4. FEI Number</b>		<b>Applied For</b>	
65-1134736		Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Zip Code	

**8. 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. I am familiar with, and accept the obligations of registered agent.**  
**ALFRED FERGUSON**  
5/22/03  
SIGNATURE  DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

<b>9. Election Campaign Financing</b>	<b>\$5.00 May Be Added to Fees</b>
Trust Fund Contribution. <input type="checkbox"/>	

10. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT / DIRECTOR
NAME	ALFRED FERGUSON
STREET ADDRESS	1645 NE 160th Street
CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> 	5/22/03	305-940-3747
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)

*Attachment*

80122730

#P99000088802

ROLANDO E. LEIVA, C.P.A., P.A.  
7400 S.W. 50TH TERRACE, SUITE 302  
MIAMI, FLORIDA 33155  
PHONE (305) 663-1511 FAX (305) 663-3350

DATE: May 19, 2003

TO: SURGICAL SPECIALTIES OF MIAMI, INC.

ATT: GISELA TACAO

FROM: Rolando E. Leiva, C.P.A.

REF: FORMS' FILING INSTRUCTIONS / FORM: 2003-UBR  
DOCUMENT #P99000088802

PLEASE MAKE A CHECK FOR \$ 150.00 AS SOON AS POSSIBLE.

PAYABLE TO:

**FLORIDA DEPARTMENT OF STATE**

SIGN ATTACHED LETTER AND FORM, DATE AND MAIL THE FORM, LETTER AND CHECK:

TO THE FOLLOWING ADDRESS: DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

REFERENCE ON YOUR CHECK SHOULD BE: DOCUMENT #P99000088802  
2003 UNIFORM BUSINESS REPORT

REASON FOR THIS FORM:

CORPORATION ANNUAL REPORT

DON'T FORGET TO STAMP AND SEAL ENVELOPE

THANKS,  
ROLANDO E. LEIVA, C.P.A., PA.