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

May 05, 2003 8:00 am Secretary of State P01000085109 DOCUMENT # 05-05-2003 92204 027 ***150.00 1. Entity Name MEDUTECH CORPORATION Principal Place of Business Mailing Address 3802 W LAKE ESTATE DRIVE 3802 W LAKE ESTATE DRIVE FORT LAUDERDALE FL 33328 FORT LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address 96 to Lumio 1010 sw 46th Avenue 1010 560 Suite, Apt. #, etc. Suite, Apt, #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1133392 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 08/4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAKERS CORPORATION Box Number is Not Acceptable) 3802 W. LAKE ESTATE DR. DAVIE FL 33328 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. SIGNATURE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Feet Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE ☐ Change ROSSI PATRICIO A ROSSI, PATRICIO A NAME NAME 1010 DW 4620 Avenue #108 STREET ADDRESS 3802 W LAKE ESTATE DRIVE STREET ADDRESS Vourround Beach FC 33069 DAVIE FL 33328 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition TITLE Ross., PATricia PATRICIO, ROSSI NAME NAME 100 500 46 Fr Avenue \$108 STREET ADDRESS 3802 W LAKE ESTATE DRIVE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

Wissiguired SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP