2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P02000094156

Entity Name: LATAM OCULAR INSTRUMENTS, INC.

Current Principal Place of Business:

150 SE 25 RD STE 156
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

150 SE 25 RD STE 156
MIAMI, FL 33129

New Mailing Address:

FEI Number: 51-0425943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, IRAIDA D
150 SE 25 RD STE 156
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ANTELO, RICARDO
Address: 150 SE 25 RD STE 156
City-St-Zip: MIAMI, FL 33129

Title: DS ( ) Delete
Name: PEREZ, ANA G
Address: 150 SE 25 RD STE 156
City-St-Zip: MIAMI, FL 33129

Title: DT ( ) Delete
Name: PEREZ, ARADA D
Address: 150 SE 25 RD STE 156
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: PEREZ, IRADA D
Address: 150 SE 25 RD STE 156
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA PEREZ DS 04/02/2004

Electronic Signature of Signing Officer or Director — Date