

FingerLakes

Division of Corporations

## Corporate Registration Division

Division of Corporations  
Filing Access System

## Electronic Filing Overview:

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Name:

Corporate Name:

File Number: : (EB600000B2B05211)

From:

Account Name : PABLO SALVARE, PLAF.  
 Account Number : 220020000087  
 Phone : (654)385-1333  
 Fax Number : (654)385-1397

## CORPORATE REGISTRATION/MONITORING

## CORPORATE BANKING

Certificate of Seal:	11
Certified Copy:	( )
Filing Court:	102
Estimated Filing:	1942.95

Electronic Filing Status:

Corporate Filing Status:

Help

08/12/2006 14:08:51 3543891957

F PAYLOADS/VALUABLES/DOOR

F POS. 2 PAYLOAD

08/12/2006 14:08:51 3543891957

F PAYLOADS/VALUABLES/DOOR

F PAYLOAD

Medicines (Medical supplies)  
or  
Medicals of aeroplane  
or

( Laboratory Materials, etc.)

( Drugs etc. required in the event of flight from /to the U.S.A. )

100000000003

(Dose: 1000mg, Name: Cefuroxime, Expiry: 12/05/2007)

Planned to be prepared by the medical officer (MOC) in the absence of the flight medical officer (FMO) or the flight medical officer (FMO) is not available (e.g. due to illness, leave, etc.)

NAME OF MEDICAL OFFICER (MOC) (Flight medical)

(Name of medical officer (MOC) who will be responsible for preparing the medical supplies (e.g. Cefuroxime, 1000mg, Expiry: 12/05/2007))

NAME OF MEDICAL OFFICER (MOC) (Flight medical) (Name of flight medical officer (FMO) if available (e.g. due to illness, leave, etc.))

Index 17 : Please check / Uncheck the following boxes (Please Print):

Medicines (1400g) X Alabex (10ml) F-Main (Springer FIF-33448)

(Please tick/tick to prep with tomorrow)

With my responsibility provide: 1. the calculation, evaluation, interpretation and issuance of results, 2. provision of the appropriate treatment or examination (if indicated), 3. the preparation of the laboratory results.

(Signature)

185/127/2005 13:49:36 1853890337

PRIMARIO DE ALTA/BAJO:00001

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185/2/2005 13:46:41 1853851537

PRIMARIO DE ALTA/BAJO:00001

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Detailed description of the member(s) of the group: 5/23/03

Relationships of the group members: (as known to the DDCB, other relationships will do)

Membership of Association(s): (check all that apply)

I. (1) All members are approved by the chairman/leader. The members have been interviewed individually and their backgrounds are sufficient to support them.

II. (2) Some members are approved by the chairman/leader personally without consulting others. The chairman/leader is responsible for making sure that the members are acceptable.

(3) Some members are not yet approved by the chairman/leader but are sufficient to support them.

(other groups)

I. (4) Some members are accepted without being interviewed by the chairman/leader because they are relatives or close friends.

II. (5) Some members are accepted yet no background or other information about the members is available.

Signature:

  
John Doe  
(Signature of John Doe, Chairman/Leader of the group)

Relationships of Member(s):

(Names of other members / key persons in group)

President:

(Name of president/Chairman)