

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304-0001
TELEPHONE: 904-488-2000
FAX: 904-488-2001

APPROVED
AND
FILED

MAY -1 AM 11:52

DOCUMENT # P93000013694 (3)

1. Corporation Name

QUEST MEDICAL ENTERPRISES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5600 SW 135TH AVE.
SUITE 204
MIAMI FL 33185
US

5600 SW 135TH AVE.
SUITE 204
MIAMI FL 33185
US

DO NOT WRITE IN THIS SPACE

3. Certificate Number (if registered)

02/24/1993

3a. Certificate Expiration Date

05/01/1994

2. Designated Agent

21

2a. Designated Agent

26

4. FIC Number

65-0389696

Approved For

Not Applicable

22. Designated Agent

22

27. Designated Agent

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23. Designated Agent

23

28. Designated Agent

28

6. Has this Corporation Ever Had
a Foreign Parent?

☐

\$5.00 May Be
Added to Fees

24. Designated Agent

24

29. Designated Agent

29

8. This corporation has liability for any of the following:
Equity Holders ☒ ☐ ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, HENRY
15444 S.W. 50TH TERR.
MIAMI FL 33185

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing, and that the same is authorized to transact business in this State, and that the undersigned is duly qualified to act as the registered agent of the corporation in this State, and that the undersigned is duly qualified to act as the registered agent of the corporation in this State.

SIGNATURE

12.

DPT
GARCIA, HENRY
15444 S.W. 50TH TERRACE
MIAMI FL

DS

GARCIA, AIDA E
15444 S.W. 50TH TERRACE
MIAMI FL

13.

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

STREET ADDRESS

CITY

STATE

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER REQUIRED FOR

4/20/95

(301) 253-4333