

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90026 004 \*\*\*150.00

DOCUMENT # P93000035760

1. Corporation Name  
MAGNA MEDICAL SYSTEMS, INC.

Principal Place of Business  
7200 N.W. 7 STREET  
2ND FLOOR  
MIAMI FL 33126

Mailing Address  
7200 N.W. 7 STREET  
2ND FLOOR  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

4. FEI Number

65-0423599

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GONZALEZ-SMITH, LESLIE A  
815 N RED RD  
SUITE 400  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name NORMAN LEOPOLD  
82 Street Address (P.O. Box Number is Not Acceptable)  
SUITE 501  
83 20801 BISCAYNE BLVD  
84 City AVENTURA FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONZALEZ, LOUIS  
STREET ADDRESS 815 N RED RD SUITE 400  
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE SD  
NAME GONZALEZ, IRIS J  
STREET ADDRESS 7200 NW 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE VTD  
NAME NUNEZ, LISETTE  
STREET ADDRESS 7200 NW 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE VD  
NAME RAMOS, ANDRES  
STREET ADDRESS 7200 NW 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME GONZALEZ, LOUIS  
1.3 STREET ADDRESS 7200 NW 7th STREET  
1.4 CITY-ST-ZIP MIAMI FL 33126 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/99

Date

305-261-2211

Daytime Phone #

CR2E034 (11/98)

0181810