2003

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

	51111	33 11 <u>2</u> 1 311 13		_ Secretary (n State	
DOCUM 1. Entity Name	MENT # P93000042	2194	/	04-07-2003 90969 0		
Tecnim	ed Biomedical Eq	quipment Corp	. /			
DO NOT WRITE IN THIS SPACE						
2. Principal F	Place of Business	3. Mailing Address				
7270 N Suite, Apt.	.W. 12th St	7270 N.W. 12 Suite, Apt. #, etc.	th St.	DO NOT WRITE IN THIS SPACE	Œ	
<u>Suite</u>		Suite 761				
City & Stat Miami	te FL	City & State Miami, FL		4. FEI Number 65-0704296	Applied For Not Applicable	
Mlaml, Zip	Country	Zip C	Country	5 Cartificate of Status Desired \$8.	75 Additional	
<u> 33126-</u>	1929 USA		SA		Required	
	DO NOT WRITE IN T	HIS SPACE	Name	7. Name and Address of Current Registered Ag	ent	
			del Va	lle, Manuel R.		
			Street Addre 7270 N	ss (P.O. Box Number is Not Acceptable) I.W. 12th St.		
			Suite_	761		
			City	Eı Zi	p Code	
0.71		46-41	Miami	r registered agent, or both, in the State of Florida. I a	3126	
Jai	Signature, typed or printed name of regis nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	tered agent and title if applicable.	(NOTE: Registered	9. Election Campaign Financing	\$5.00 May Be	
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10. 🐴	OFFICERS AND D	DIRECTORS				
TITLE	D/P/S/T		TITLE			
NAME STREET ADDRESS	Werlang, Paulo Rua Visconde Do, R	io Branco 545	NAME STREET ADDRESS			
CITY - ST - ZIP	Porto Alegre, B		CITY - ST - ZIP			
TITLE			TITLE			
NAME			NAME			
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP			
TITLE			TITLE			
NAME,		المراجعة المراجعة	NAME			
STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SE	DACE	
TITLE	<u> </u>		TITLE	DO NOT WATE IN THIS SE	VOE	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	GITY - ST - ZIP			
TITLE		·	TITLE			
NAME STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP	·		CITY - ST - ZIP			
			SITE SI SI			
TITLE		·	TITLE			
TITLE NAME			TITLE			
			TITLE			
NAME STREET ADDRESS CITY - ST - ZIP	ertify that the information supplied wi	th this filing does not qualify fo	TITLE NAME STREET ADDRESS CITY - ST - 21P	ed in Section 119.07(3)(i). Florida Statutes, I further o	ertify that the	

Paulo Werlang

Paulo Werland SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

305-477-6116

Daytime Phone #

STF FL32381F.1

SIGNATURE:

FILED Apr 07, 2003 8:00 am Secretary of State