

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P93000043086 (6)**

1. Corporation Name

PROTECS SYRINGES INTERNATIONAL CORPORATION

JUN 16 1995 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8852 S.W. 59TH STREET
MIAMI FL 33173**

Mailing Address

**8852 S.W. 59TH STREET
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created
06/14/1993

3a. Date of Last Report
02/21/1994

4. FFI Number
65-0420167

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 has adopted the corporate law under the Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **8780 S.W. 92 Street**

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22 **Suite 208-B**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Zip

24 **33176**

Country

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LA FUENTE, RICARDO L
8852 S.W. 59TH STREET
MIAMI FL 33173**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.13(4) 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 Sections 607.02(2) Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent or Representative

May 10, 1995

12. OFFICERS AND DIRECTORS

12a. TITLE	PD
12b. NAME	DE LA FUENTE, RICARDO L
12c. STREET ADDRESS	2415 GRANDA BLVD.
12d. CITY & STATE	CORAL GABLES FL 33134
12a. TITLE	VD
12b. NAME	GONZALEZ, RICARDO C
12c. STREET ADDRESS	8852 S.W. 59 STREET
12d. CITY & STATE	MIAMI FL 33173
12a. TITLE	SD
12b. NAME	ARGUELLES, DONATO
12c. STREET ADDRESS	8852 S.W. 59 STREET
12d. CITY & STATE	MIAMI FL 33173
12a. TITLE	
12b. NAME	
12c. STREET ADDRESS	
12d. CITY & STATE	
12a. TITLE	
12b. NAME	
12c. STREET ADDRESS	
12d. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN:

13a. TITLE		☐ Change ☐ Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY & STATE		
13a. TITLE	Vice President, Secretary	☒ Change ☐ Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY & STATE		
13a. TITLE		☒ Change ☐ Addition
13b. NAME	NO LONGER A member	
13c. STREET ADDRESS	of P.S.I.	
13d. CITY & STATE		
13a. TITLE		☐ Change ☐ Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY & STATE		
13a. TITLE		☐ Change ☐ Addition
13b. NAME		
13c. STREET ADDRESS		
13d. CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.02(2)(b) 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 holder empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with no deletions.

SIGNATURE:

[Signature] Ricardo L. de la Fuente

May 10, 1995 (305) 443-0391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR