

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000043086 (6)

1. Corporation Name

PROTECS SYRINGES INTERNATIONAL CORPORATION

Principal Place of Business

8780 SW 92ND STREET
SUITE 208-B
MIAMI FL 33176
US

Mailing Address

8780 SW 92ND STREET
SUITE 208-B
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE LA FUENTE, RICARDO L.
8780 SW 92ND ST, STE 208-B
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME DE LA FUENTE, RICARDO L

STREET ADDRESS 2415 GRANADA BLVD.

CITY-ST-ZIP CORAL GABLES FL 33134-5555

TITLE VTD ☐ DELETE

NAME GONZALEZ, RICARDO C

STREET ADDRESS 8852 S.W. 59 STREET

CITY-ST-ZIP MIAMI FL 33173

TITLE SD ☐ DELETE

NAME DE LA FUENTE, FRANCISCO

STREET ADDRESS 2415 GRANADA BLVD

CITY-ST-ZIP CORAL GABLES FL 33134-5555

TITLE D ☐ DELETE

NAME LOPEZ, CAMILO II

STREET ADDRESS 1790 SW 1ST AVENUE

CITY-ST-ZIP MIAMI FL 33129-1130

TITLE D ☐ DELETE

NAME MAZER, ROBERT

STREET ADDRESS 9321 SW 102ND ST

CITY-ST-ZIP MIAMI FL 33116

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-98

305443-0391

Date

Daytime Phone #

0265450

CR2E034 (10/97)