

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045798 (4)

1. Corporation Name

TECNO MED, INC



Principal Place of Business

Mailing Address

7221 CORAL WAY
SUITE 203
MIAMI FL 33155

20720 SW 117TH COURT
MIAMI FL 33177
US

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 19350 SW 106 AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27

City & State

City & State

23 MIAMI - FLORIDA

28

Zip

Country

Zip

Country

24 33157

25

USA

29

30

4. FEI Number

65-0434405

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILAOMAT, JESUS F
7221 CORAL WAY
SUITE 203
MIAMI FL 33155

81 Name

JESUS F. VILAOMAT

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

19350 SW 106 AVE SUITE A

83

84 City

MIAMI

FL

85 Zip Code

33157

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]

JESUS F. VILAOMAT

Signature typed or printed name of registered agent and their applicator

(NOTE: Registered Agent signature required when reinstating)

1/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

VILAOMAT, JESUS F

STREET ADDRESS

7221 CORAL WAY SUITE 203

CITY- ST- ZIP

MIAMI FL 33155

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

P

JESUS F. VILAOMAT

19350 SW 106 AVE SUITE A

MIAMI - FLORIDA 33157

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

JESUS F. VILAOMAT

1/24/96

(305)234-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)