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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000045798 (4)

FILED Mar 16 1998 8:00am Secretary of State

TECNO MED, INC Principal Place of Business Mailing Address 19350 SW 106 AVENUE-19350 SW 106 AVE. CLIFF- A SIE-A DO NOT WRITE IN THIS SPACE MIAMI FL 20167 MIAMI FI GOIST 3. Date Incorporated or Qualified 06/24/1993 2. Principal Place of Business 2a. Mailing Address Applied For DIXICHUY 27] <u>16800 So. Dixie H</u>wy 16800 5 65-0434405 Not Applicable Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MIAMI Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 VILAOMAT, JESUS F 19350 SW 106 AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 **MIAMI FL 33157** 84 City 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. egick coal agont and little it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change ■ Addition VILAOMAT, JESUS F NAME 1.2 NAME VILADMAT, JESUS F. 7221 CORAL WAY CUITE 203 STREET ADDRESS 1.3 STREET ADDRESS 16800 SO DIVIE HWY. 33/57 MIAMI FL 33155 CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAMI DELETE Change TITLE 2.1 TITLE VILADMAT, FELICE J. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 33157 2 4 CITY-ST-ZIP CITY-S1-ZIP ☐ Addition DELETE Change TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change Andition DELETE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-\$1-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing closs 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: