

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062738 (8)

1. Corporation Name

ENDOSCOPY TECHNOLOGY, INC.



Principal Place of Business

7311 NW 12TH STREET
SUITE 23
MIAMI FL 33126
US

Mailing Address

7311 NW 12TH STREET
SUITE 23
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1260 SW 142 CT

22 City & State

27 MIAMI, FL

23 Zip Country

28 33184 Dade

24

29

9. Name and Address of Current Registered Agent

CASTILLO, FRANCISCO
2120 SW 61ST AVE
MIAMI FL 33155

3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0449319

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

10. Name and Address of New Registered Agent

81 Name

Oscar Aguilar

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

1260 SW 142 CT

83

84 City

MIAMI

FL

85 Zip Code

33184

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature is required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TKACHUCK, SERGIO
STREET ADDRESS 7311 NW 12 ST #23
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE D
NAME ZINI, JUAN C
STREET ADDRESS 7311 NW 12 ST #23
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE D
NAME CASTILLO, FRANCISCO
STREET ADDRESS 2120 SW 61ST AVENUE
CITY- ST- ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)