

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90065 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000070472 (4) ✓

1. Corporation Name

MEDISA, INC

COPY

THIS IS A C

Principal Place of Business

407 LINCOLN RD  
STE 8D  
MIAMI BCH. FL 33139  
US

Mailing Address

P. O. BOX 402306  
MIAMI BEACH FL 33140  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

65-0441489 ✓

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

AMARO, CARLOS A  
5401 COLLINS AVE  
#322  
MIAMI BCH. FL 33140

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, type or printed name of registered agent, and title if applicable

(If filer is registered agent, type or printed name of filer, and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME AMARO, CARLOS A  
STREET ADDRESS 5401 COLLINS AVE., #322  
CITY-ST-ZIP MIAMI BCH. FL 33140

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

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

1.1 TITLE ☐ Change ☒ Add

1.2 NAME VICE - PRESIDENT  
1.3 STREET ADDRESS JORGE L. AMARO  
1.4 CITY-ST-ZIP 13210 SW 20ST  
MIRAMAR, FL 33027

2.1 TITLE ☐ Change ☐ Add

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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 119.04(3)(c), 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 added, or in Block 14 if added.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/9

305-672-4443

Explain Phone # 0199271