

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 3:55

DOCUMENT # P93000074113 (0)

1. Corporation Name

USA MEDICAL EXPORT INC.

Principal Place of Business

**13800 S.W. 8TH ST.
BOX 123
MIAMI FL 33175**

Mailing Address

**13800 S.W. 8TH ST.
BOX 123
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1993

3a. Date of Last Report

08/30/1994

4. FEI Number

65-0478708

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

2. Principal Place of Business

21 3470 S.W. 142 CT

2a. Mailing Address

25 3470 S.W. 142 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

Country

24 33175

25 DADE

Zip

Country

29 33175

30 DADE

9. Name and Address of Current Registered Agent

**ALFARO, MARILYN
13800 S.W. 8TH ST.
BOX 123
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

ALFARO, MARILYN

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

3470 S.W. 142 CT

83

84 City

MIAMI

FL

85 Zip Code

33175

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 firm if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME ALFARO, MARILYN
STREET ADDRESS 13800 S.W. 8TH ST. BOX 123
CITY-ST-ZIP MIAMI FL 33175**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE D
1 2 NAME ALFARO, MARILYN
1 3 STREET ADDRESS 3470 S.W. 142 CT
1 4 CITY-ST-ZIP MIAMI, FL 33175**

☒ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 110.07(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:

R. Marilyn Alfaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95
DATE

305-554-6545
TELEPHONE NUMBER