**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P93000081670 (0)**

1. Corporation Name
**J.M.V. MEDICAL CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 PONCE DE LEON BLVD<br>SUITE 212<br>CORAL GABLES FL 33134 | 1000 PONCE DE LEON BLVD<br>SUITE 212<br>CORAL GABLES FL 33134 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 5595 SW 8 ST. | 2a. Mailing Address<br>26 |
| Suite, Apt # etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 MIAMI FL | City & State<br>28 |
| Zip<br>24 33134 Country 25 USA. | Zip 29 Country 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>11/30/1993 | 3a. Date of Last Report<br>05/01/1995 |
| 4. FEI Number<br>65-0461308 | Applied For<br>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 |
|---|---|
| RODRIGUEZ, RAY<br>3191 CORAL WAY<br>STE. 800<br>MIAMI FL 33145 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name is changed)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | VELEZ, JESUS J | | 12 NAME | | |
| STREET ADDRESS | 1100 SW 74 CT | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 14 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | VELEZ, JESUS | | 22 NAME | | |
| STREET ADDRESS | 1100 SW 74 CT | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 24 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | VELEZ, MARIA | | 32 NAME | | |
| STREET ADDRESS | 1100 SW 74 CT | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 34 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | VELEZ, MAYRA | | 42 NAME | | |
| STREET ADDRESS | 1100 SW 74 CT | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ MAYRA VELEZ 7/29/96 305-262-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #