

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 # P94000004613 (3)

1. Corporation Name

MEDSCOP CORPORATION



Principal Place of Business

Mailing Address

2100 W. 76 STREET
SUITE #407
HALEAH FL 33016

2100 W. 76 STREET
SUITE #407
HALEAH FL 33016

2. Principal Place of Business

2a. Mailing Address

21 5924 RODMAN ST.
Suite, Apt. #, etc.

26 5924 RODMAN ST.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 HOLLYWOOD, FL
Zip Country

28 HOLLYWOOD, FL
Zip Country

24 33023

25 USA

29 33023

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

06/15/1995

4. FEI Number

65-0460477

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. 193.032
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

AMKGS REGISTERED AGENTS, INC.
1980 SUNBANK INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI FL 33131

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 print name of registered agent and firm if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HOMMA, MARIA S
STREET ADDRESS 2100 W 76 STREET
CITY-ST-ZIP HIALEAH FL 33016 ☐ DELETE

TITLE VAS
NAME WEINSTROF, ISAAC
STREET ADDRESS 2100 W. 76 STREET
CITY-ST-ZIP HIALEAH FL 33016 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSD
12 NAME HOMMA, MARIA S.
13 STREET ADDRESS 5924 RODMAN STREET
14 CITY-ST-ZIP HOLLYWOOD, FL 33023-1942 ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 under 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:

S S H - - - Mario S. Homma

07/26/96

(954) 894-8431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)