

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:56

DOCUMENT # P94000007229 (5)

1. Corporation Name  
**VALFER MEDICAL RESEARCH & DEVELOPMENT CORPORATION**

Principal Place of Business: **8405 N.W. 53rd St**  
~~777 BRICKEL AVE~~  
**STE. 410 A-205**  
**MIAMI FL 33131**  
**33166**

Mailing Address: **8405 N.W. 53rd St**  
~~777 BRICKEL AVE~~  
**STE. 410 A-205**  
**MIAMI FL 33131**  
**33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/20/1994**

3a. Date of Last Report

4. FEI Number: **65-0594390**

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(1)(3), Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**MILLER, ROBERT E**  
**900 DOUGLAS AVE**  
**ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Signature typed or printed name of registered agent and title of position) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **SOLTANIK, ENRIQUE M**

STREET ADDRESS: **8405 N.W. 53rd St**

CITY, ST, ZIP: **MIAMI FL 33131 33166**

TITLE: **D**

NAME: **SOLTANIK, SILVIA J**

STREET ADDRESS: **8405 N.W. 53rd St**

CITY, ST, ZIP: **MIAMI FL 33131 33166**

TITLE: **Secretary**

NAME: **Frank Rosillo**

STREET ADDRESS: **8405 N.W. 53rd St A-205**

CITY, ST, ZIP: **MIAMI FL 33131 33166**

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 197, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frank Rosillo**

DATE: **4/25/95 (305) 536-6122**

(Signature typed or printed name of signing officer or director) (Date)