

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

ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000011682 (9)

95 MAY -1 PM 1:59

BETMAR MEDICAL UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

3. Year incorporated or changed
02/11/1994

3a. Date of last report

4. Filing Number
65-0465107

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing
Total Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for bankruptcy under Chapter 11 of the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORGE, BEATRIZ
5975 S.W. 8TH ST.
MIAMI FL 33144

01. Name
02. Street Address, P.O. Box Number, Not Acceptable
03.
04. City
FL 05. Zip Code

11. I, the undersigned, of the Florida Department of State, Division of Corporations, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as appearing on file with the Division of Corporations. This change was authorized by the corporation's board of directors. I hereby record the appointment as required report form.

Beatriz Jorge Registered Agent, President 4-25-95

12. ADDITIONAL REGISTERED AGENTS
13. ADDITIONAL REGISTERED AGENTS

12. ADDITIONAL REGISTERED AGENTS
P JORGE, BEATRIZ
5975 S.W. 8TH STREET
MIAMI FL 33144
V RAMIREZ, MARTA I
5975 S.W. 8TH STREET
MIAMI FL 33144
13. ADDITIONAL REGISTERED AGENTS
01. NAME
02. STREET ADDRESS
03. CITY
04. STATE
05. ZIP CODE
06. PHONE NUMBER
07. FAX NUMBER
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REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in the laws of the State of Florida. I further certify that the information submitted is the original report or a supplemental annual report as true and accurate and that my signature shall have the same legal effect as if it were made under oath. That I am an officer or director of the corporation or the officer or the highest officer in rank at the time of filing this report as required by Chapter 141, Florida Statutes, and that my name appears in Block 1, or Block 1 of the Supplemental Report as required with an address.

SIGNATURE: BEATRIZ JORGE, MARTA RAMIREZ 4-25-95 (305) 260-0055