FILE NOW. FILING FEE AFTER MAY 1 IS $425.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000016361 (5)**

1. Corporation Name

ULTRA MED U.S.A. INC.

Principal Place of Business	Mailing Address
14629 SW 104 ST #473 MIAMI FL 33186	14629 SW 104 ST #473 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 1351 S.W. 124 CT. APT E	26 1351 S.W. 124 CT	65-0477450	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 MIAMI FLORIDA	27 APT. E		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 33184	28 MIAMI FL.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25 USA	29 33184 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CABALLERO, JORGE 323 SARTO AVE CORAL GABLES FL 33134	81 Name: CABALLERO, JORGE 82 Street Address (P.O. Box Number is Not Acceptable): 1351 S.W. 124 CT. 83: APT. E 84 City: MIAMI FL 85 Zip Code: 33184

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jorge Caballero, PRES. - JORGE CABALLERO, PRES. APRIL 12-1995
Signature of new or added name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PSD ☒ Change ☐ Addition
NAME	CABALLERO, JORGE	12 NAME	CABALLERO, JORGE
STREET ADDRESS	323 SARTO AVE	13 STREET ADDRESS	1351 S.W 124 CT. APT. E
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	MIAMI FL. 33184
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	CABALLERO, NANCY	22 NAME	CABALLERO, NANCY
STREET ADDRESS	323 SARTO AVE	23 STREET ADDRESS	1351 S.W. 124 CT.
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	MIAMI, FL. 33184
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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: Jorge Caballero - JORGE CABALLERO, PRES. April 12 '95 305-4704616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone

000109 CP