FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019165 (7)

1. Corporation Name
JAANA MEDICAL, INC.

Principal Place of Business	Mailing Address
3640 N.W. 19 STREET MIAMI FL 33125	3640 N.W. 19 STREET MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 8360 SW 8th st
2a. Mailing Address 26: Same As #2.
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23: Miami Fl
City & State 28:
Zip 24: 33144
Country 25: USA
Zip 29:
Country 30:

4. FEI Number: 65-0473826 ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MORENO, NIOLIS A
3640 N.W. 19 STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: ANA L. Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 3640 NW 19st
83:
84 City: Miami FL 85 Zip Code: 33125

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: Ana L Hernandez — 3/31/95
Signature, Typed or Printed Name of Registered Agent and Date of Signature (DATE) (Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☑ Addition
NAME	HERNANDEZ, ANA L	12 NAME	Angel Moreno
STREET ADDRESS	3640 N.W. 19 STREET	13 STREET ADDRESS	3640 NW 19st
CITY ST ZIP	MIAMI FL 33125 President & Secretary	14 CITY ST ZIP	Miami Fl 33125 Vice-President
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, NIOLIS A	22 NAME	
STREET ADDRESS	3640 N.W. 19 STREET	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	24 CITY ST ZIP	
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	

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5/1/95

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: Ana L Hernandez — 3/31/95 — (305) 267-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120782 CP