FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000019165 (7)**

1. Corporation Name

JAANA MEDICAL, INC.

Principal Place of Business	Mailing Address
8364 SW 8TH ST. MIAMI FL 33144	8364 SW 8TH ST. MIAMI FL 33144

3. Date Incorporated or Qualified: **03/11/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business [21]: 8567 CORAL WAY
Suite, Apt. #, etc. [22]: 267
City & State [23]: MIAMI, FL
Zip [24]: 33155 Country [25]: USA

2a. Mailing Address [26]: SAME
Suite, Apt. #, etc. [27]:
City & State [28]:
Zip [29]: Country [30]:

4. FEI Number: **65-0473826** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERNANDEZ, ANA
3640 N.W. 19TH ST.
MIAMI FL 33125

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HERNANDEZ, ANA L 3640 N.W. 19 STREET MIAMI FL 33125	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT HERNANDEZ, ANA L. 3640 NW 19 ST MIAMI, FL 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERNANDEZ, NIOLIS A 3640 N.W. 19 STREET MIAMI FL 33125	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP HERNANDEZ, ANA L. 3640 NW 19 ST MIAMI, FL 33125	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORENO, ANGEL 3640 N.W 19 STREET MIAMI FL 33125	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY/TRESURER HERNANDEZ, ANA L. 3640 NW 19 ST MIAMI, FL 33125	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 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 — 4/8/96 — 262-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #