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
8364 SW 8TH ST.
MIAMI FL 33144

Mailing Address
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 name is being ... DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	HERNANDEZ, ANA L	
STREET ADDRESS	3640 N.W. 19 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	XX DELETE
NAME	HERNANDEZ, NIOLIS A	
STREET ADDRESS	3640 N.W. 19 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VP	XX DELETE
NAME	MORENO, ANGEL	
STREET ADDRESS	3640 N.W 19 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	HERNANDEZ, ANA L.	
1.3 STREET ADDRESS	3640 NW 19 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33125	
2.1 TITLE	VP	X Change ☐ Addition
2.2 NAME	HERNANDEZ, ANA L.	
2.3 STREET ADDRESS	3640 NW 19 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33125	
3.1 TITLE	SECRETARY/TRESURER	XX Change ☐ Addition
3.2 NAME	HERNANDEZ, ANA L.	
3.3 STREET ADDRESS	3640 NW 19 ST	
3.4 CITY-ST-ZIP	MIAMI, FL 33125	
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 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/8/96 — Daytime Phone #: 262-5958

CR2E034 (12/95)