

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90003 045 \*\*\*158.75

0270234

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000019892

1. Corporation Name  
CONFORTEC D.M.E., INC.

Principal Place of Business

6741 SW 24 STREET  
SUITE 43  
MIAMI FL 33155  
US

Mailing Address

6741 SW 24 STREET  
SUITE 43  
MIAMI FL 33155  
US

2. Principal Place of Business

21 542 NW 57 AVE.  
Suite, Apt. #, etc.

2a. Mailing Address

26 542 NW 57 AVE.  
Suite, Apt. #, etc.

City & State

23 Miami, FL.

City & State

28 Miami, FL.

Zip

24 33126

Country

25 US.

Zip

29 33126

Country

30 US.

9. Name and Address of Current Registered Agent

MELENDEZ, EDUARDO S  
6741 SW 24 STREET  
SUITE 43  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1994

4. FEI Number

65-0474989

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 owes the current year Intangible  
Personal Property Tax.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

542 NW 57 AVE.

83

84 City Miami

FL

85 Zip Code

33126.

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

*Eduardo S. Mendez*

Eduardo S. Mendez, President

1/5/99.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required with filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MENDEZ, EDUARDO S  
STREET ADDRESS 9930 SW 19 STREET  
CITY-ST-ZIP MIAMI FL 33165

☐ DELETE

TITLE D  
NAME MORON DE AMOR, MARIA V  
STREET ADDRESS 1411 CORAL WAY  
CITY-ST-ZIP CORAL GABLES FL 33143

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Eduardo S. Mendez*

SIGNATURE

Eduardo S. Mendez

Date

1/5/99

305-265-1706

Daytime Phone #

CRZE034 (11/98)