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

PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021239 (6)**

1. Corporate Name
S & A MEDICAL EXPORT CORPORATION

Principal Place of Business
6521 W. 11 LANE
HIALEAH FL 33012

Mailing Address
6521 W. 11 LANE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **03/18/1994**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite Apt. # or Bldg.
22
City, State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. # or Bldg.
27
City, State
28
Zip
29
County
30

4. FEI Number: 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. The corporation has taken, or intends to take, S corporation status under S 1362(a) Internal Revenue Code: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SIGLER, LEONARD
6521 W. 11 LANE
HIALEAH FL 33012

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 Section 607.0502 and 607.0505, 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: Registered Agent Signature (Required if filing Agent Change) Date

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SIGLER, LEONARDO
STREET ADDRESS	6521 W. 11 LANE
CITY, ST, ZIP	HIALEAH FL 33012
TITLE	VSD
NAME	ACHARANDIO, OSCAR
STREET ADDRESS	6521 W. 11 LANE
CITY, ST, ZIP	HIALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and correct and, for the purpose of Section 607.0505, Florida Statutes, I further certify that the information indicated on this report or supplemental additional report is true and accurate and that my signature shall have the same legal effect as if made under oath. If this report is being filed for the purpose of changing the name of a registered agent, I further certify that the registered agent has agreed to the change and is familiar with and accepts the obligations of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: Leonardo Sigler 5/1/95 305-625-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001153 CP