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CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000041328 (3)

1. Corporation Name
MEDITEK CAPITAL CORP.

Principal Place of Business	Mailing Address
3000 TAFT ST HOLLYWOOD FL 33021	3000 TAFT ST HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 825 S. Bayshore Dr.	26 825 S. Bayshore Dr.
Suite, Apt #, etc: 22 Suite #1650	Suite, Apt #, etc: 27 Suite #1650
City & State: 23 Miami FL	City & State: 28 Miami FL
Zip: 24 33131 Country: 25	Zip: 29 33131 Country: 30

4. FEI Number: 59-3258434 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H
3000 TAFT ST
HOLLYWOOD FL 33021

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DVT ☒ Change ☐ Addition
NAME	IRWIN, THOMAS S	1.2 NAME	
STREET ADDRESS	3000 TAFT ST	1.3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33021	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	DC ☐ Change ☒ Addition
NAME		2.2 NAME	Mendelson, Laurans
STREET ADDRESS		2.3 STREET ADDRESS	825 S. Bayshore Dr. #1650
CITY ST ZIP		2.4 CITY ST ZIP	Miami FL 33131
TITLE		3.1 TITLE	DP ☐ Change ☒ Addition
NAME		3.2 NAME	Paul, Joseph
STREET ADDRESS		3.3 STREET ADDRESS	825 S. Bayshore Dr. #1650
CITY ST ZIP		3.4 CITY ST ZIP	Miami FL 33131
TITLE		4.1 TITLE	DV ☐ Change ☒ Addition
NAME		4.2 NAME	Mendelson, Victor
STREET ADDRESS		4.3 STREET ADDRESS	825 S. Bayshore Dr. #1650
CITY ST ZIP		4.4 CITY ST ZIP	Miami FL 33131
TITLE		5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	Vetter, Judith
STREET ADDRESS		5.3 STREET ADDRESS	825 S. Bayshore Dr. #1650
CITY ST ZIP		5.4 CITY ST ZIP	Miami FL 33131
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	KC

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: VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002014 CP