FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Division of Corporations

APPROVED AND FILED

95 JUL 10 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000044178 (9)**

1. Corporation Name
STAR MEDICAL, INC.

Principal Place of Business	Mailing Address
~~4354 S.W. 74TH AVE.~~ ~~MIAMI FL 33155~~	4354 S.W. 74TH AVE. MIAMI FL 33155

NEW ADDRES:

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 9745 S.W. 72 ST.	26
Suite, Apt. #, etc. 22 #101	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28
Zip 24 33173	County 25 U.S.A.
Zip 29	County 30

3. Date Incorporated or Qualified: 06/14/1994
3a. Date of Last Report:
4. FEI Number: * 65-049-7285. ☐ 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

SANTANA, ESTELA
4354 S.W. 74TH AVE.
MIAMI.FL 33155

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: RAUL SANTANA /VICE PRESIDENT — 6/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	VICE PRESIDENT ☐ Change ☐ Addition
NAME	ESTELA SANTANA	1.2 NAME	RAUL SANTANA
STREET ADDRESS	6039 COLLINS AVE #PH16	1.3 STREET ADDRESS	6039 COLLINS AVE # PH16
CITY-ST-ZIP	MIAMI BEACH, FL 33140	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	900001536259
STREET ADDRESS		2.3 STREET ADDRESS	-07/12/95--01074--022
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	T.S. 7/10/95	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: x Estela Santana — 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164112 CP