

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000044178 (9)

1. Corporation Name

STAR MEDICAL, INC.

Principal Place of Business

9745 S.W. 72 ST.  
SUITE 120  
MIAMI FL 33173  
US

Mailing Address

9745 S.W. 72 ST.  
SUITE 120  
MIAMI FL 33173  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

4. FEI Number

65-0497285

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SANTANA, ESTELA  
6039 COLLINS AVE. #PH16  
MIAMI BEACH FL 33173

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME SANTANA, ESTELA  
STREET ADDRESS 6039 COLLINS AVE. # PH16  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VP ☐ DELETE  
NAME SANTANA, RAUL  
STREET ADDRESS 6039 COLLINS AVE. # PH16  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE  
NAME ESTELA SANTANA  
STREET ADDRESS 6039 COLLINS AVE PH16  
CITY-ST-ZIP MIAMI BEACH FL

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 P ☒ Change ☐ Addition  
1.2 NAME EVA E. CASANOVA  
1.3 STREET ADDRESS 13201 SW 47ST  
1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME SAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/98 305 596 2611

CR2E034 (10/97)