

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90051 003 \*\*\*150.00

DOCUMENT # P94000044178

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 ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9745 SUNSET DRIVE  
Suite, Apt. #, etc.

22 Suite # 120

City & State

23 Miami, Florida

Zip

24 33173

Country

25 Dade

2a. Mailing Address

26 9745 SUNSET DRIVE  
Suite, Apt. #, etc.

27 Suite # 120

City & State

28 Miami, Florida

Zip

29 33173

Country

30 Dade

9. Name and Address of Current Registered Agent

SANTANA, ESTELA  
6039 COLLINS AVE, #PH16  
MIAMI BEACH FL 33140-33140

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

*Estela Santana*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME CASANOVA, EVA E

STREET ADDRESS 13201 S.W. 47 ST

CITY-ST-ZIP MIAMI FL 33175

TITLE VP ☒ DELETE

NAME SANTANA, RAUL

STREET ADDRESS 6039 COLLINS AVE. # PH16

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S ☐ DELETE

NAME SANTANA, ESTELA

STREET ADDRESS 6039 COLLINS AVE E, PH 16

CITY-ST-ZIP MIAMI BEACH FL 33140

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

President/Sec/Ters.

ESTELA SANTANA

6039 Collins Avenue.PH # 16

Miami Beach, FL 33140

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, with all other like empowered.

SIGNATURE:

*Estela Santana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

(305)  
596-2611

Daytime Phone #

CR2E034 (11/98)