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**

DOCUMENT # P94000051065

1. Corporation Name

TECMED EXPORT INTERNATIONAL, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90227 035 ***150.00



| | <u></u> | | | | | | | | | |
|--|---|----------------------|---------------------|--------------|------------------|---|----------------|------------|---------------------------------------|-----|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 9740 S.W. 146TH STREET 9740 S.W. 146TH STREET | | | | | | | | | | |
| MIAMI FL 33176-7829 MIAMI FL 33176-7829 | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| , | | : | | | | 3. Date Incorporated or Qualifed | 11110 0171 | | | 1 |
| | • | | | | | 07/11/1994 | | | | |
| 2. Principal Place of Business 2a. Mailing Addre | | | | | | 4. FEI Number Applied I | | | died For | 1 |
| · · | ace or Business | <u> </u> | <u> </u> | | | 65-0501858 | | | Not Applicable | |
| 21 Suite Ant | # ^!- | 26 Suite An | Suite, Apt. #, etc. | | | | \$8 | | dditional | 1 |
| Suite, Apt. | #, e tc. | — — · · · | 27 | | | 5. Certifcate of Status Desired | | Fee Req | | ŀ |
| City & State | | | City & State | | | 6. Election Campaign Financing | <u> </u> | 5.00 h | · · · · · · · · · · · · · · · · · · · | 1 |
| | | ⊢¬ ′ | 28 | | | Trust Fund Contribution | | Added to | • | |
| Zip Country | | | Zip Country | | | 8. This corporation owes the current | | | | 1 |
| | 25 | 29 | 30 | | | Personal Property Tax. | | | □No | |
| 24 | 9. Name and Address of Curre | | | | | 10 Name and Address of New Regi | stered Agen | t | | |
| | 5. Italiic uliu Accided of Palice | | | 81 | Name | | | | | 1 |
| GAN | tt, ragan | | | | | | | | | - |
| | SUNSET DRIVE | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable |) | | | |
| | TH MIAMI FL 33143 | | | 83 | | | | | | 1 |
| | | | | | | | | | | - |
| | | | | 84 | City | | FL 85 | Zip C | ode | |
| 11 Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, F | lorida Statutes, t | he above | L e-named co | rporation submits this statement for the pur | pose of change | ging its r | registered | 1 |
| office or n | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such d | hange was autho | inzed by | the corpora | tion's board of directors. I hereby accept th | e appointmer | it as reg | isterea | |
| 1 | in laminal with and accept the con- | , | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Regis | | | | | t signature requ | | DATE | | | |
| 12. | OFFICERS A | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | | ∤ : |
| TITLE | D | | ☐ DELETE | 1.1 TITLE | 1 | | По | Change | ☐ Addition | ; |
| NAME | PRUSS, NORA M | | | 1.2 NAME | | | | | | J |
| STREET ADDRESS | 9740 S.W. 146TH ST. | | | 1.3 STREET | ADDRESS | | | | | ij |
| CITY-ST-ZIP | MIAMI FL 33176-7829 | | | 1.4 CITY-S | T-ZIP | | | | | 1 |
| TITLE | | | DELETE | 2.1 TITLE | _ | | | Change | ☐ Addition | ١ ' |
| NAME | | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-S | IT-ZIP | | | | | ł |
| TITLE | | [| DELETE | 3.1 TITLE | | | | Change | ☐ Addition | |
| NAME | | | | 3.2 NAME | - | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | TADDRESS | | | | | |
|] | | | | 3.4. CITY-S | [| | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 4.1 TITLE | 71-23 | | | Change | Addition | 1 |
| | | · | | 4. 2 NAME | | | | | | |
| NAME | | | | | ADDRESS | | | | | |
| STREET ADDRESS | | | | | 1 | | | | | 1 |
| CITY-ST-ZIP | | | DELETE | 5.1 TITLE | 1-2IP | | | Change | Addition | - |
| TITLE | | L | _ <i>0</i> | 5.2 NAME | | | | | | 1 |
| NAME | | | 1 | 5.3 STREET | T ANDDESS | | | | | 1 |
| STREET ADDRESS | | | | | | | | | | 1 |
| CITY-ST-ZIP | | - | 1051575 | 5.4 CITY-S | 1-ZIP | | | Change | ☐ Addition | - |
| TITLE | | (| DELETE | 6.1 TITLE | 1 | | Ц | я киде | ☐ Addition | |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY - S | T-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 an other like empowered.

SIGNATURE: