

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90082 021 ***150.00

DOCUMENT # P94000051065

1. Entity Name
TECMED EXPORT INTERNATIONAL, INC.



Principal Place of Business
**9830 SW 117TH PL
MIAMI, FL 33186**

Mailing Address
**9830 SW 117TH PL
MIAMI, FL 33186**

2. Principal Place of Business
9836 SW 117 PI

3. Mailing Address
9836 SW 117 PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country

Zip
33186

Country

01302004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0501858

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRUSS, EDGAR G
9836 SW 117TH PL
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PRUSS, NORA M
9836 SW 117TH PL
MIAMI, FL 331862757** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PRUSS, EDGAR G
9836 SW 117TH PLACE
MIAMI, FL 331862757** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEL CORRAL, JORGE
16940 SW 92ND AVE
MIAMI, FL 33176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 Feb. 2004 305.270.0260