*2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000061513 **DOCUMENT#**

FILED
May 02, 2003 8:00 am §
Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP CABRERA, ANTONIO J 782 NW 42ND AVE #555 MIAMI FL 33128 TITLE NAME STREET ADDRESS CITY-ST-ZIP ONAGHTEN, JOAN T 2665 S BAYSHORE DR # 1100 MIAMI FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam CANTEL		INC.					05-02-2003 90	0135 049	***150.0	00
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City & State A FEI Number 65-0529970	2. Principal F	Place of Busin	ess	3. Mailing Addr	ng Address) 1884/061 118 184/1 818/1 80/1 88/11	. 00 441 13 410 1 01	II iilli liili	
Section Sect	Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF	MAKING C	CHANGES	
S. Centrolica of Status Desired Fee Required T. Name and Address of New Registered Agent O'NAGHTEN, JUAN T 2065 S BAYSHORE DR SUITE 1100 MIAMI FL. 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signatur	City & State			City & State			4. FEI Number 65-0529970				
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	L			NAM Stre City	E ET ADORESS - ST- ZIP					Addition

I nereby certify that the information supplied with this filling does not quality 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 truffee 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 an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #