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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000072163 (6)

FINDER'S MEDICAL, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		-	I LOBELLOOFT LIA SANTI DEALL O'DICE COLLE	BEST EBILL LODGE LLDBI 15859 91500 1551 5001
3650 NW 19TH ST 3650 NW 19TH ST MIAMI FL 33125 MIAMI FL 33125					DO NOT WRITE	E IN THIS SPACE
					3. Date Incorporated or Qualified	
					09/29/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 3737 NW 751 26 SAME-					65-0534759	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired	\$8.75 Additional
22 27					o, communic of blades beside	Fee Required
City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip '	Country	Zip	Count	ry	8. This corporation owes or has pa	
24 331	25	29	[30]	••	Personal Property Tax due June	
	g, Name and Address of Curre	ent Hegistered Agent		4 Mana	10. Name and Address of New Re	gistered Agent
PEREZ, ENNESTO SH				1 Name		
3850 NW 19TH ST				2 Street Address (P.O. Box Number is Not Acceptable)		
ļ M	IIAMI FL 33125		\ <u>.</u>	_		
			8	3		
	•		8	4 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the abo	ve-named cor by the corner	rporation submits this statement for the attended acceptation and attended acceptations. I hereby acceptations are submitted as a statement for the acceptations are submitted as a statement for the acceptation and acceptation are submitted as a statement and acceptation are submitted as a statement and acceptation are submitted as a statement for the acceptance and acceptation are submitted as a statement for the acceptance are submitted as a statement for a statement for the acceptance are submitted as a statement for the acceptance are submitted as a statement for a	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.05	05, Florida Statut	es.		prime appearance to go to to to
SIGNATURE	Signature, typed or printed name of registered a	<u> </u>		gent signature requ	uired when reinstating)	DATE
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PV	L] DELE				☐ Change ☐ Addition
NAME	PEREZ, ERNESTO SR		. 1.2 NAM		α	l
STREET ADDRESS	3650 NW 19TH ST		1.3 STRE	ET ADDRESS	Varia 1	ļ
CITY-ST-ZIP	MIAMI FL 33125	- Dipur	1.4 CITY		1/251 Den	1 01
TITLE	VICE PRESIDE PEREZ, ERN 3650 N.W.	DELE				Change Addition
NAME	3650 N.W.	1964 ST	2.2 NAM	·	Λ ,	İ
STREET ADDRESS	MIAM! FI	•		ET ADDRESS	Mich Vacciont	
CITY-ST-ZIP		_33.1. <u>2.5</u>	2. 4 CiTY		VICE- HEST DUMI	Change Addition
TITLE		th nere				C. CHANGE C. MODICION
NAME AZDECT ADDOCOS			3.2 NAM	· I	•	!
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP TITLE		DELE	3.4. CITY TE 4.1 TITLE			Change Addition
NAME		L. DELE	4.1 III.6			Li Pounge Li Redition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE	4.4 CHTY TE 5.1 TITLE			Change Addition
NAME		_ v	5.2 NAM		-	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	1		
TITLE		DELE			<u></u>	☐ Change ☐ Addition
NAME			6.2 NAM	- 1		
STREET ADDRESS				et adoress		
CITY-ST-ZIP	sertify that the information supplied	with this filing does not gu	6.4 City		Section 119.07(3)(i) Florida Statutes I	further certify that the information

indicated on this annual report or supplied will this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Turmer 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.