FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 AM 12:00

DOCUMENT # **P94000082024 (8)**

1. Corporation Name
MAGNA MEDICAL, INC.

Principal Place of Business	Mailing Address
6701 NW 7TH ST MIAMI FL 33126	6701 NW 7TH ST MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21 Same
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 7200 NW 7TH STREET
Suite, Apt. #, etc. 27 2nd floor
City & State 28 Miami, FL
Zip 29 33126 Country 30 USA

4. FEI Number 65-0548090 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD
SUITE 501
AVENTURA FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GONZALEZ, LOUIS O 815 N RED RD SUITE 400 MIAMI FL 33126	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition D GONZALEZ, LOUIS O. 7200 NW 7 St. 2nd flr. Miami, FL 33126
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GONZALEZ, IRIS J 815 N RED RD SUITE 400 MIAMI FL 33126	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition D GONZALEZ, IRIS J. 7200 N.W. 7 St. 2nd flr. Miami, FL 33126
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SMITH, LESLIE G 815 N RED RD SUITE 400 MIAMI FL 33126	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RAMOS, LISA G 815 N RED RD SUITE 400 MIAMI FL 33126	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NUNEZ, LISETTE G 815 N RED RD SUITE 400 MIAMI FL 33126	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☒ Change ☐ Addition D Nuñez, Lisette G. 7200 N.W. 7St 2nd flr. Miami, FL 33126
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ALTMAN, ALAN 815 N RED RD SUITE 400 MIAMI FL 33126	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition ALTMAN, ALAN 7200 NW 7 ST. 2nd flr. MIAMI, FL 33126

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added or attached with an addendum.

SIGNATURE: _____ 03/15/95 (305)261-2211
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437874 FP