

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000082024 (8)

1. Corporation Name

MAGNA MEDICAL, INC.

Principal Place of Business

7200 NW 7TH STREET
2ND FLOOR
MIAMI FL 33126
US

Mailing Address

7200 NW 7TH STREET
2ND FLOOR
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLD, NORMAN ESQ.
LEOPOLD & LEOPOLD, P.A.
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD
NAME GONZALEZ, LOUIS O
STREET ADDRESS 7200 NW 7TH ST., 2ND FLR
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE D
NAME GONZALEZ, IRIS J
STREET ADDRESS 7200 NW 7TH ST., 2ND FLOOR
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME SMITH, LESLIE G
STREET ADDRESS 815 N RED RD SUITE 400
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME RAMOS, LISA B
STREET ADDRESS 815 N RED RD SUITE 400
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME NUNEX, LISETTE G
STREET ADDRESS 7200 NW 7TH ST 2ND FLR
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME ALTMAN, ALAN
STREET ADDRESS 7200 NW 7TH ST., 2ND FLR
CITY-ST-ZIP MIAMI FL 33126 ☒ DELETE

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.

SIGNATURE

CR2E034 (10/97)