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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P94000082024

1. Corporation Name

MAGNA MEDICAL, INC.

Principal Place of Business / Mailing Address

7200 N.W. 7th Street, Suite 200
Miami, Florida 33126

3. Date Incorporated or Qualified: 11/9/94
3a. Date of Last Report: 1998

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

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

2a. Mailing Address
26 Same
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

Norman Leopold, Esquire
20801 Biscayne Boulevard
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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/D Andres Ramos 7200 N.W. 7 Street, Suite 200 Miami, FL 33126	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/D Iris J. Gonzalez 7200 N.W. 7 Street, Suite 200 Miami, FL 33126	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P/D Louis O. Gonzalez 7200 N.W. 7 Street, Suite 200 Miami, FL 33126	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VP/T/D Lisette Gonzalez Nunez 7200 N.W. 7 Street, Suite 200 Miami, FL 33126	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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(1)(k), 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: _____ LISETTE NUNEZ 09-09-99 305-261-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #