

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

AMENDED PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 OCT -9 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082615 (3)

1. Corporation Name

FIVE MEDICAL, INC.

AMENDED

Principal Place of Business
1401 S.W. 67 Avenue
Suite 11
Miami, Florida 33144

Mailing Address
1401 S.W. 67 Avenue
Suite 11
Miami, Florida 33144

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
02/07/1996

2. Principal Place of Business
21 1665 West 68 Street,

2a. Mailing Address
26 15460 S.W. 82 Lane

4. FEI Number
65-0533727

Applied For
Not Applicable

Suite, Apt. #, etc.
22 209

Suite, Apt. #, etc.
27 407

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 Hialeah, Florida

City & State
28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 33014-4400 25 Dade

Zip Country
29 33193 30 Dade

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUNIGA, MARIA E.
1401 S.W. 67 Avenue
Miami, Florida 33144

81 Name
CABALLERO, ESTELA I.
82 Street Address (P.O. Box Number is Not Acceptable)
15460 S.W. 82 Lane, #407
83
84 City
MIAMI
85 Zip Code
FL 33193

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

ESTELA I. CABALLERO

09/30/1996

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
ZUNIGA, MARIA E.
1401 S.W. 67 Avenue, #11
Miami, Florida 33144 ☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PSTD
CABALLERO, ESTELA I.
15460 S.W. 82 Lane, #407
Miami, Florida 33193 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
900001980473
-10/21/96--01013--002
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Estela I. Caballero (President) 09/30/96 (305) 819-0059

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)