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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P94000092176 1. Corporation Name

INTEDAMEDICAS ADDADEL INC

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90052 009 \*\*\*150.00

Principal Plac	ce of Business	Mailing Address			T ENDEROOF HIS INCHES OF HIS WORLD BOURD OF	E  8  B  E   00   E    E  0	
6561 N.W. 82ND AVENUE 6561 N.W. 82ND AVENUE MIAMI FL 33166 :				DO NOT WRITE IN TH	HIS SPACE		
		The state of the s			3. Date Incorporated or Qualifed		-
2 Principal C	Place of Business	2a. Mailing Address			12/21/1994 4. FEI Number		
21 Philicipar P	race or pusitiess	26. Walling Address				Applied For	:
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			65-0543599	\$8.75 Additional	
22		27			5. Certifcate of Status Desired	Fee Required	
City & Star	ie	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Cour	nto.	Trust Fund Contribution	Added to Fees	
<b>—</b>	25	29	30	шу	8. This corporation owes the current year	Intangible No	
24	9. Name and Address of Currer		<u> 30 </u>		Personal Property Tax.  10. Name and Address of New Registers		
· ·		10.39 - 17.5		81 Name		su Agent	
SKO	OLA, THOMAS J						
WA WA	TERFORD CENTER PARK			82 Street	Address (P.O. Box Number is Not Acceptable)		
	1 BLUE LAGGON DRIVE #100		ļ	83	A HELLEY THE COLUMN TO	THE STREET FROM THE STREET	
MIA	MI FL 33126						
,				84 City	and the state of t	85 Zip Code	
11. Pursuant	registered agent, or both, in the State	of Florida. Such change was a	es, the ac uthorized	ove-named by the corp	poration's board of directors. I hereby accept the app	pointment as registered	
11. Pursuant office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state	tions of, Section 607.0505, Flo	inda Statu	tes.	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate of the purpose of the pur	pointment as registered	,
SIGNATURE	Im jamiliar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	ntions of, Section 607.0505, Fig	inda Statu	tes.		AND DIRECTORS IN 12	( 2)
SIGNATURE  12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered	tes. Agent signature	required when reinstating) DATE		(X)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN D AEDO, MARIO A	ntions of, Section 607.0505, Fig	: Registered	tes. Agent signature LE	required when reinstating) DATE	AND DIRECTORS IN 12	(XX)
SIGNATURE  12. TITLE NAME: STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D AEDO, MARIO A 6561 N.W. 82ND AVE.	ntions of, Section 607.0505, Fig	:: Registered / 13.	tes. Agent signature LE	required when reinstating);  ADDITIONS/CHANGES TO OFFICERS (	AND DIRECTORS IN 12	(X2)
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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 section of the se

SIGNATURE:

AEDO, V. A. 1-8-99 305-599-85