

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029507 (7)

1. Corporation Name

DANATECH MEDICAL SYSTEMS CORP.



Principal Place of Business

Mailing Address

**6931 N.W. 82ND AVENUE
MIAMI FL 33166**

**6931 N.W. 82ND AVENUE
MIAMI FL 33166**

3. Date Incorporated or Qualified
04/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **6927 NW 82nd Ave.**

26 **6927 NW 82nd Ave.**

4. FEI Number
650572767

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

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

24 Zip **33166** 25 Country **USA**

29 Zip **33166** 30 Country **USA**

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

**CARDONA, SANTIAGO
14658 S.W. 128 CT RD
MIAMI FL 33186**

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 **Santiago Cardona**

04/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **GUEVARA, LUIS F**
STREET ADDRESS **C/O 6931 N.W. 82ND AVENUE**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE **VSD** ☐ DELETE

NAME **CARDONA, SANTIAGO**
STREET ADDRESS **C/O 6931 N.W. 82ND AVENUE**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD** ☐ Change ☐ Addition

1.2 NAME **Guevara, Luis F**
1.3 STREET ADDRESS **6927 NW 82nd Avenue**
1.4 CITY - ST - ZIP **Miami, FL 33166**

2.1 TITLE **VSD** ☐ Change ☐ Addition

2.2 NAME **Cardona, Santiago**
2.3 STREET ADDRESS **6927 NW 82nd Avenue**
2.4 CITY - ST - ZIP **Miami, FL 33166**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Luis Guevara**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

Date

305.477.0872

Daytime Phone

CR2E034 (12/95)