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 # P95000033079

1. Corporation Name: Jemco Medical International, Inc.

Principal Place of Business / Mailing Address:
13295 B NW 107 Ave
Hialeah Gardens, FL 33016

3. Date Incorporated or Qualified: 4/24/95
3a. Date of Last Report: N/A
4. FEI Number: 65-0604084 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 13295B NW 107th Ave
22: Suite, Apt. #, etc.:
23: City & State: Hialeah Gardens, FL
24: Zip: 33016
25: Country: USA

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

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

9. Name and Address of Current Registered Agent
~~Efrain C. Lopez II~~
Aurora Rivero
11041 NW 2 Street
Miami, FL 33172

10. Name and Address of New Registered Agent
81 Name: Efrain C. Lopez II
82 Street Address (P.O. Box Number is Not Acceptable): 13295 B NW 107 Ave
83
84 City: Hialeah Gardens FL
85 Zip Code: 33016

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] Efrain C. Lopez — DATE: 5/11/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	Aurora Rivero	
STREET ADDRESS	11041 NW 2 Street	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☐ DELETE
NAME	E. Carlos Lopez II	
STREET ADDRESS	1910 NW 56 St	
CITY-ST-ZIP	Hialeah, FL 33012	
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	P/D	☐ Change ☒ Addition
1 2 NAME	Jose Castillo	
1 3 STREET ADDRESS	344 SW 185th Ave	
1 4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2 1 TITLE	D/T/S	☒ Change ☐ Addition
2 2 NAME	Efrain Carlos Lopez II	
2 3 STREET ADDRESS	11759 NW 12 St	
2 4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
3 1 TITLE	V/D	☐ Change ☒ Addition
3 2 NAME	Michelle L. Lopez	
3 3 STREET ADDRESS	11759 NW 12 St	
3 4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
4 1 TITLE	V/D	☐ Change ☒ Addition
4 2 NAME	Victor Tarin	
4 3 STREET ADDRESS	13295 NW 107 Ave	
4 4 CITY-ST-ZIP	Hialeah Gardens, FL 33016	
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		

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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: [signature] Efrain C. Lopez — Date: 5/11/96 — Daytime Phone #: 530-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)