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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000033079 (1)**

1. Corporation Name
JEMCO MEDICAL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
13295-B NW 107TH AVE. HIALEAH GARDENS FL 33018 US	13295-B NW 107TH AVE. HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1995

2. Principal Place of Business 21	2a. Mailing Address 26: 13295-B NW 107 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: —
City & State 23	City & State 28: Hialeah Garden, FL.
Zip 24 / Country 25	Zip 29: 33018 / Country 30: USA

4. FEI Number: 65-0604084 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, EFRAIN C., II 13295-B NW 107TH AVE. HIALEAH GARDENS FL 33018	81 Name: JOSE CASTILLO 82 Street Address (P.O. Box Number is Not Acceptable): 13295-B NW 107 AVE. 83: HIALEAH GARDEN 84 City: HIALEAH GARDEN **FL** 85 Zip Code: 33018

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: Jose Castillo — 3-31-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent 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	P/D CASTILLO, JOSE 344 SW 185TH AVE. PEMBROKE PINES FL 32029 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS LOPEZ, E FRAIN C. II 11759 NW 12TH ST. PEMBROKE PINES FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Hill, Brian A. 344 SW 185th AVE. Pembroke Pines Fl 33029 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LOPEZ, MICHELLE L. 11759 NW 12TH ST. PEMBROKE PINES FL 33026 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary De Cubas, Terri L. 6824 SW 10th Street Pembroke Pines Fl. 33023 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D TARIN, VICTOR 13295-B NW 107TH AVE. HIALEAH GARDENS FL 33016 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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 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] 03/31/98 (305) 821-5144