

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049240 (1)

1. Corporation Name

RASBAR MEDICAL, INC.



Principal Place of Business

6490 S.W. 29TH ST.
MIAMI FL 33155

Mailing Address

6490 S.W. 29TH ST.
MIAMI FL 33155

2. Principal Place of Business

21 6405 NW 36 ST

Suite, Apt., #, etc.

22 Suite 113

23 Miami Florida

24 33166

Country

25 USA

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

Country

29 Zip

Country

30

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

4. FEI Number

050590018

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

9. Name and Address of Current Registered Agent

CABRERA, BARBARA
6490 S.W. 29TH ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

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

Signature of person making this statement (see instructions)

Signature of Agent (see instructions)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D CABRERA, BARBARA
STREET ADDRESS 6490 S.W. 29TH ST.
CITY-ST-ZIP MIAMI FL 33155

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME D ROJAS, BARBARA
3. STREET ADDRESS 6405 NW 36 ST Suite 113
4. CITY-ST-ZIP Miami FL 33166

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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 supplement to 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]

Signature and typed or printed name of signing officer or director

1/29/96 305-8822780

CR2E034 (12/95)