**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

# FILED
# Jan 23 1997 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

## DOCUMENT # P95000059226 (7)

1. Corporation Name
**MEDIFOCUS ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 W 12 AVE<br>HIALEAH FL 33012 | 5000 W 12 AVE<br>HIALEAH FL 33012-3116 |

3. Date Incorporated or Qualified: 08/01/1995
3a. Date of Last Report: 03/20/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3750 W 16 AVE | 26 3750 W 16 AVE |
| 22 Suite 306 | 27 Suite 306 |
| 23 Hialeah FL | 28 Hialeah FL |
| 24 Zip 33012 25 Country USA | 29 Zip 33012 30 Country USA |

4. FEI Number: 65-0597621 ☐ 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**

VALLE, NANNETTE
16065 NW 64 AVE
APT 118
MIAMI LAKES FL 33014

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16263 Segovia Circle South
83 SW 67 Ct.
84 City Pembroke Pines FL 85 Zip Code 33331

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: Nannette Valle
Signature of an officer or director of the corporation 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 | PD<br>VALLE, NANNETTE<br>16065 NW 64 AVE APT 118<br>MIAMI LAKES FL 33014 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>16263 Segovia Circle South<br>SW 67 Ct.<br>Pembroke Pines FL 33331 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>VALLE, MANUEL J JR.<br>16065 NW 64 AVE APT 118<br>MIAMI LAKES FL 33014 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>16263 Segovia Circle South<br>SW 67 Ct.<br>Pembroke Pines FL 33331 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 (9/96)

14. I do 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:** Nannette Valle 1/14/97 305-826-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01117343