## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066397 (7)

WORLD OF ORTHOPEDICS INC.

## FILED Jan 22 1998 8:00am Secretary of State

WORLD OF ONTHOPEDICS INC.							
Principal Place	e of Business	Mailing Address			- I HERNHERN AND NEUEN WINN WENN WOULD BONNE BANKE ENTRE ENTRE ARANG NUMBER		
•		9786 CORAL WAY					
9786 CORAL WAY MIAMI FL 33165		MIAM) FL 33165			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 08/28/1995		
2. Principal Place of Business 2a. Mailing Addr			ess		4. FFI Number A Ann	lied For	
21		26			65 0605765 65 0605/64 Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired     S8.75 Ac		
22		27			Fee Red	·	
City & State	9.	City & State			6. Election Campaign Financing \$5.00 M		
23				ester.	Trust Fund Contribution Added to Fees  This appropriate pure or has paid the current year totacaible.		
Zip			_	nuy	8. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes No		
24	25 9. Name and Address of Curr		5U		10. Name and Address of New Registered Agent	-110	
INCLAN, VICENTE T 9786 CORAL WAY							
MIAMI FL 33165				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
Mir	1MI 1 E 33103			83			
		,					
				<b>84</b> City	FL  85   Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	1502 and 007/15/8, Florida Statute	s, the at	ove-named co		registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1598, 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 Jamiliar with, and accept the obligations of Section 607.0505, Florida Statutes.							
1/100 at Tackon a 1-12-98							
SIGNATURE Signature, typod or printed name of registured agent and tipe applicable (NOT: Registered Agent signature requi							
12.	OFFICERS A	ANDOIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	DELETE	1.1 10	ILE	Change	Addition	
NAME	VICENTE, INCLAN		1.2 NAM				
STREET ADDRESS	*/ * = = = · · · · ·		REET ADDRESS				
CITY-\$T-ZIP	MIAMI FL 33165	E DEFECTO		IY-ST-ZIP		1 Addition	
TITLE	VP	☐ DELETE	2.1 10	i	Change	☐ Addition	
NAME	GONZALEZ, JORGE		2.2 NAME				
STREET ADDRESS	9786 CORAL WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165			1Y-S1-ZIP	Change	Addition	
TITLE		T) DETEIE	3.1 10		Change		
NAME			3.2 NA	· .		ļ	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE			4,1 10	TY-ST-ZIP	Change	Addition	
	•	C. Decen	4. 2 N	1			
NAME STREET ADDRESS				REE1 ADORESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	5.1 11		☐ Change	Addition	
NAME		_	5.2 NA	.ME			
STREET ADDRESS			5.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP				IY - ST - ZIP			
TITLE		DELETE 6.1			Change	Addition	
NAME			6.2 NA	.ME			
STREET ADDRESS			6.3 \$1	REFT ADDRESS		ļ	
CITY-ST-ZIP				IY-S1-7(P			
14. I hereby o	certify that the information supplied	with this filing does not qualify for	the exe	mption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the i	nformation	

In 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 suppliemental 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 austee empowers 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: Vicente Dictor =

1-12-98 (305) 225 6964