

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085952 (6)

1. Corporate Name

UNO MED, INC.



Principal Place of Business

8410 WEST FLAGLER STREET #214B
MIAMI FL 33144

Mailing Address

8410 WEST FLAGLER STREET #214B
MIAMI FL 33144

3. Date Incorporated or Qualified 11/08/1995	3a. Date of Last Report
4. FEI Number 65-0618173	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

ALVAREZ, ELVIRA
9999 SW 21ST STREET
MIAMI FL 33144

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

Elvira Alvarez

DATE (Type for Agent signature required when registering)

1/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	1. TITLE	Change Addition
NAME	2. NAME	2. NAME	Change Addition
STREET ADDRESS	3. STREET ADDRESS	3. STREET ADDRESS	Change Addition
CITY, ST, ZIP	4. CITY - ST - ZIP	4. CITY - ST - ZIP	Change Addition
TITLE	5. TITLE	5. TITLE	Change Addition
NAME	6. NAME	6. NAME	Change Addition
STREET ADDRESS	7. STREET ADDRESS	7. STREET ADDRESS	Change Addition
CITY, ST, ZIP	8. CITY - ST - ZIP	8. CITY - ST - ZIP	Change Addition
TITLE	9. TITLE	9. TITLE	Change Addition
NAME	10. NAME	10. NAME	Change Addition
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	Change Addition
CITY, ST, ZIP	12. CITY - ST - ZIP	12. CITY - ST - ZIP	Change Addition
TITLE	13. TITLE	13. TITLE	Change Addition
NAME	14. NAME	14. NAME	Change Addition
STREET ADDRESS	15. STREET ADDRESS	15. STREET ADDRESS	Change Addition
CITY, ST, ZIP	16. CITY - ST - ZIP	16. CITY - ST - ZIP	Change Addition

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:

Elvira Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 305-229-9393

CR2E034 (12/95)