FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095117 (4)**

1. Corporation Name

AMERICAN MEDICAL EXPORT CORP.

Principal Place of Business	Mailing Address
C/O MICHAEL FEINSTEIN. ESQ. 888 E. LAS OLAS BLVD.. STE. 710 FT. LAUDERDALE FL 33301	C/O MICHAEL FEINSTEIN. ESQ. 888 E. LAS OLAS BLVD.. STE. 710 FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **12/13/1995**
3a. Date of Last Report:
4. FEI Number: Applied For ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

9. Name and Address of Current Registered Agent

FEINSTEIN, MICHAEL ESQ.
888 E. LAS OLAS BLVD., STE. 710
FT. LAUDERDALE FL 33301

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 Section 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: MICHAEL L. FEINSTEIN DATE: 2/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT – DIRECTOR ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALAN CHERP	12 NAME	
STREET ADDRESS	888 E. LAS OLAS BLVD. #710	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FLA 33301	14 CITY-ST-ZIP	
TITLE	V. PRESIDENT - DIRECTOR ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MICHAEL L. FEINSTEIN	22 NAME	
STREET ADDRESS	888 EAST LAS OLAS BLVD #710	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FLA 33301	24 CITY-ST-ZIP	
TITLE	SECRETARY / TREASURER ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DICK ARTHUR	32 NAME	
STREET ADDRESS	888 EAST LAS OLAS BLVD #710	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FLA 33301	34 CITY-ST-ZIP	
TITLE	NELSON R. MARQUES - DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	888 EAST LAS OLAS BLVD #710	42 NAME	
STREET ADDRESS	FORT LAUDERDALE, FLA 33301	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: MICHAEL L. FEINSTEIN, V.P. 2/9/96 (954) 767-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-26-1996