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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600036088 (8)

ASM MEDICAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



		8823 COSTA DEL SOL BLVD MIAMI FL 33178-2355					
				3. Date Incorporated or Qualified 04/22/1996			
	lace of Business	2a, Malling Address			4. FEI Number		Applied For
21 103			N2 5	TERK	2. HN-65 06902	06	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		.75 Additional ee Required
City & State 23 MIAMI FI 28 MIAMI F			1=1		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip 33	165 25 DA-DE	793115	Country o DY		8. This corporation has liability for i	ntangible tax ur] Yes = [_] No	idor s. 199.032,
<u>ب ک</u>	9. Name and Address of Current R		0 J) F	100.	Florida Statutes 10. Name and Address of New Reg		
SUA	REZ, CARMEN	· •·····	81	Name			
9823 COSTA DEL SOL BLVD				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33178			DZ	5 Sirect Address (P.O. Box Number is Not Acceptable)			
			83				
			84	Cily		— 85	Zip Code
				ŕ			·
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, typed or printed name of registered agent and late if applicable (NOTE Registered Agent's gnature required when reinstating); DATE DATE							
12.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	18.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P OUADET JOSE I	☐ DELE¥E	1.1 TATLE			Ch	ange Addition
NAME	SUAREZ, JOSE J		1.2 NAME				
STREET ADDRESS	9823 COSTA DEL SOL BLVD		1.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL 33178 ST			1-20°			T A A Section
NAME	SUAREZ, CARMEN	C) perere	2.1 THLE			L_j Ch	ange [_] Addition
STREET ADDRESS	9823 COSTA DEL SOL BLVD		2.2 NAME 2.3 STREET ADDRESS				į
CITY-ST-ZIP	MIAMI EL 00470					:	
TITLE			2.4 CHY-1 3.1 THLE	51-711		☐ Ch	ange Addition
NAME	·		3.2 NAME				
STREET ADDRESS			3 3 S166ET	ADORESS			
CITY-ST-ZIP			3.4 CITY-5				
TITLE			4.1 TITLE			☐ Ch	ange Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Cn	ange Addition
NAME			5.2 NAME				ŀ
STREET ADDRESS			5.3 STREFT				
CITY-ST-ZIP		☐ DELETE	54 CHY-S	1 - ZIP		110	2000
TITLE NAME		LJ DETEK	611IILF			L Ch	ange [] Addition
			62 NAME	ADDOLOG			
STREET ADDRESS CITY-ST-ZIP			63 STHEFT	1			
14. I do heret	by certify that the information supplied w	th this filing does not qualify	■ 64 CITY-S for the exe	mption stated	d in Section 119.07(3)(i). Florida Statutes	s. 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 this feeceiver 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 charts d, or only in attachment with an address.							