

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000053659 (4)

1. Corporation Name

CROWN MEDICAL SYSTEMS, INC.

Principal Place of Business

5600 SW 135TH CT.  
SUITE 102  
MIAMI FL 33183

Mailing Address

5600 SW 135TH CT.  
SUITE 102  
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3326 Mary Street

Suite, Apt. #, etc.

22 Suite 603

City & State

23 Coconut Grove, FL

Zip

Country

24 33133

25 USA

2a. Mailing Address

26 3326 Mary Street

Suite, Apt. #, etc.

27 Suite 603

City & State

28 Coconut Grove, FL

Zip

Country

29 33133

30 USA

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

65-0693875

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes

No

☒

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.  
201 S BISCAYNE BLVD  
SUITE 3000  
MIAMI FL 33131

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCOB  
MENDOZA, RAFAEL E  
2833 BIRD AVENUE  
MIAMI FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOS  
MENDOZA, RAFAEL E  
2833 BIRD AVENUE  
MIAMI FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MENDOZA, RAFAEL E  
2833 BIRD AVENUE  
MIAMI FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
NARANJO, EDUARDO  
2833 BIRD AVENUE  
MIAMI FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

Eduardo Naranjo, Eduardo Naranjo (200) 444 2177

CR2E034 (10/97)