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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL -1 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000056483 (6)

1. Corporation Name

DIVERSIFIED MEDICAL INDUSTRIES, CORP.

Principal Place of Business

1721 NE 164 ST., #200  
N. MIAMI BEACH FL 33162

Mailing Address

1721 NE 164 ST., #200  
N. MIAMI BEACH FL 33162-4018

2. Principal Place of Business

21 2180 Brickell Ave  
Suite, Apt. #, etc.

22 #11

City & State

23 Miami

Zip

24 33129

Country

25 USA

2a. Mailing Address

26 2180 Brickell Ave  
Suite, Apt. #, etc.

27 #11

City & State

28 Miami

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

DIAZ, CAMILO  
1721 NE 164 ST., #200  
N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

4. FEI Number

65-0681969

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DIAZ, CAMILO  
STREET ADDRESS 2180 BRICKELL AVE., #11  
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ DELETE

NAME MENENDEZ, MANUEL E III  
STREET ADDRESS 164 NE 105 ST.  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 700002232117--1

1.3 STREET ADDRESS -07/07/97--01178--006

1.4 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)