PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000068602

ISOMED, INC.

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90119 014 \*\*\*150.00

ISUMED,	ING.										
Principal Place	of Business	Mailing Address				( LOBALKAK DIA LAKID AKID DODIK DA			1 81111 81	1	
2767 ORCHARD DRIVE APOPKA FL 32712		2767 ORCHARD DRIVE APOPKA FL 32712									
US US						DO NOT WRITE IN THIS SPACE					
	الله الماران الم <sup>ارا</sup> ة والمستوالي الم	راهم پر در اپريهميني بيان مختصا به اداران در				3. Date Incorporated or Qualifed — 08/16/1996	م المالية	~ .	. •	· -	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For			
21						65-0692403		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired				dditional	
27						5. Certificate of Status Desired		Fe	e Rec	uired	
City & State City & State						6. Election Campaign Financing				May Be	
23 28						Trust Fund Contribution		Ad	lded to	Fees	
Zip Country Zip			Country			8. This corporation owes the curr				٦.,	
24	25	1 <sup></sup> 1	30		<del></del>	Personal Property Tax.		Yes	·	□No	
	9. Name and Address of Current	Registered Agent		4	N	10. Name and Address of New F	legistered A	gent			
MITTO	ANII ICAAC I		8	`'	Name						
MITRANI, ISAAC J			8	2	Street Addres	ss (P.O. Box Number is Not Accepta	ible)				
2200 SUNTRUST INTERNATIONAL CENTER			L	1							
ONE S.E. 3RD AVENUE			8	3							
MIAMI FL 33131			8	4	City			85	Zip C	ode	
				L	<u> </u>		<u>FĻ</u>	11			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	f Florida. Such change was auf	inonzed b	ıv tr	named corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose or c of the appoin	nangu Iment	as reg	istered	
SIGNATURE						<u></u>					
	Signature, typed or printed name of registered agent	<del></del>		jent s	signature required v		DATE		-0.10	20 IN 40	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND	Chi		Addition	
TITLE	DP	☐ DELETE	1.1 TITLE					[_] C+16	n ige		
NAME	CHO, YOUNG W DR		1.2 NAME		İ						
STREET ADORESS					ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712			-ST-	ZIP			Ch:		Addition	
TITLE	D DELETE								ange	Addition	
- NAME	LEE-JEONG SEON					2 . 2			•		
STREET ADDRESS	2767 ORCHARD DRIVE		2.3 STRE		- 1						
CITY-ST-ZIP	APOPKA FL 32712		2. 4 CITY		-ZIP			Ch:	2500	Addition	
TITLE		☐ DELETE	3.1 TITLE						ange		
NAME			3.2 NAME								
STREET ADDRESS					ADDRESS					,	
CITY-ST-ZIP			3.4. CITY		- ZIP			[] Ch	2000	Addition	
TITLE		☐ DELETE	4.1 TITLE	•	Į				ange	☐ Addition	
NAME			4. 2 NAM		l						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		Clariete	4.4 CITY-		ZIP			☐ Ch	2000	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE						anye	[_] Audition	
NAME			5.2 NAME		NODOLEE					ļ	
STREET ADDRESS					ADDRESS					ľ	
CITY-ST-ZIP		[] OF LETE	5.4 CITY		ZIP			☐ Ch	2000		
TITLE		☐ DELETE			İ			ப	anye		
NAME			6.2 NAME							ŀ	
STREET ADDRESS			6.3 STRE	ETA	ADDRESS					ì	

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, with all other like empowered.

SIGNATURE

WAS VOLA TOTELY SOUTH ZA

4/1/99

407-860 -478-

Daytime Phone

R2F034 (11/9)