

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90031 029 \*\*\*150.00

DOCUMENT # P97000020934

1. Corporation Name

DUAMED CORP/



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1950 SW 81 WY  
DAVIE FL 33324  
US

Mailing Address

1950 SW 81 WY  
DAVIE FL 33324  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DUARTE, CARLOS  
12106 ST. ANDREWS PLACE, BLDG. 1-306  
MIRAMAR FL 33025

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0730678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Duarte, Carlos

82 Street Address (P.O. Box Number is Not Acceptable)

1950 SW 81 WY

83

84 City

Davie,

FL

85 Zip Code

33324

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DUARTE, CARLOS  
STREET ADDRESS 12106 ST. ANDREWS PLACE, BLDG. 1-306  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☐ DELETE

NAME MEDINA, ROXSANA  
STREET ADDRESS 12106 ST. ANDREWS PLACE, BLDG. 1-306  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☐ DELETE

NAME DUARTE, ESPERANZA  
STREET ADDRESS 12106 ST. ANDREWS PLACE, BLDG. 1-306  
CITY-ST-ZIP MIRAMAR FL 33025

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 Duarte, Carlos  
1.3 STREET ADDRESS 1950 SW 81 WY  
1.4 CITY-ST-ZIP Davie, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Medina, Roxsana  
2.3 STREET ADDRESS 1950 SW 81 WY  
2.4 CITY-ST-ZIP Davie, FL 33324

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Duarte, Esperanza  
3.3 STREET ADDRESS 1950 SW 81 WY  
3.4 CITY-ST-ZIP Davie, FL 33324

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

954-916-1113

CR2E034 (11/98)