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

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Jul 08 1998 8:00am

ANN	RPORATION UAL REPORT	Secretary of State DIVISION OF CORPORATIONS			Secret	Secretary of State				
	MENT # 7970000 medicina Techn									
Principal Plac	ce of Business	Mailing Address			 [
Suite 2 64	th Street South	DO NOT WOR	TE IN THIS SPA	^ E						
	ns burg, Fla 33701	8t Befenzpan	3.F	33701	3. Date Incorporated or Qualified		DE.]	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59 - 3455474		—	oplied For of Applicable		
Suite, Apt.	. #, e tc.	Suite, Apt #, etc.			5. Certificate of Status Desired	□ \$		Additional equired		
City & Stat	City & State City & State				Election Campaign Financing Trust Fund Contribution					
Zip 24	Country Zip 29 30			intry	8. This corporation owes or has personal Property Tax due Jur	or has paid the current year Intangible				
	9, Name and Address of Curr		1003		10. Name and Address of New F		nt		1	
	0. 0			81 Name					1	
Jorge Crieous				82 Street Address (P.O. Box Number is Not Acceptable)					+	
880 64n St. South				0.10017	talios (i.e. box trained is the riscope					
Su	110 280			83]	
CI Palmakin Ph				84 City		8	5 Zip	Code	-	
		33701				- FL	`			
office or i		te of Florida. Such change was a	authorize	d by the corp	corporation submits this statement for the location's board of directors. I hereby acc					
SIGNATURE							_		1	
40	Signature, typed or printed name of registered a			d Agent signature	required when reinstating)	DATE	DECTOR		-}≲	
12.	President	OFFICERS AND DIRECTORS 13		TI F	ADDITIONS/CHANGES TO OFFICERS AND DIRECT			Addition	Ş	
NAME	_		1,2 N			_			A	
STREET ADDRESS	1988 Kansas Ave	NE	•	REET ADDRESS					١٤	
CITY-ST-ZIP	SI Peterslower F	Tla 33703		TY-S1-ZIP					12	
TITLE	Vice Prosident 211		TLE			Change	■ Addition	2		
NAME	TADD Me N.H		AME					1		
STREET ADDRESS	asos Dekmerec	4	2.3 S	FREET ADDRESS						
CITY-ST-ZIP	Válnico Fl 35344 240		NY-ST-ZIP					1		
TITLE	Vice-President	☐ DELETE				LJ	Change	Addition		
NAME	FORZIN TRANSPON	ruceth # 2402	3.2 N	· I						
STREET ADDRESS		-	•	REET ADDRESS						
CIFY-ST-ZIP TITLE		4 3 3746	3.4. C	ITY-ST-ZIP			Change	Addition	┨	
NAME	Secretary / Irebsure	C Ditter	4. 2 N				Outribe			
STREET ADORESS	Backery Brabley			REET ADDRESS						
CITY-ST-ZIP	Laran Florida	33773	1	TY-ST-ZIP					1	
TITLE		DELETE					Change	Addition	1	
NAME			5.2 N	VME]			-			
STREET ADDRESS			5.3 \$1	REE1 ADDRESS					Ì	
CITY-S1-ZIP			5.4 CI	TY-ST-ZIP						
TITLE		DELETE	6.1 Tr	TLE	الرامينية المبيدة الميان المبيدة المبيدة المبيدة	<u>,</u>	Change	Addition		
NAME			6.2 N/	AME	300 00256 -07/08/98010 ***150.00	5 <u>~</u> { ~ :	ゴ	NW X	1	
STREET ADDRESS			6.3 \$1	REE1 ADDRESS		40021		11/0		
CITY-ST-ZIP			6.4 CI	TY-S1-ZIP	***130.UU			,		

14. Thereby 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 change 1, or on an attachment with an address.