

DOCUMENT# P97000081H8

1. Entity Name

Tilutti - Medical Systems, Inc.

Principal Place of Business

Mailing Address

6481 W. 12 Lane
Hialeah, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ileana Capote
6481 W. 12 Lane
Hialeah, FL 33012

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ileana Capote

3-23-00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ileana Capote
6481 W. 12 Lane
Hialeah, FL 33012 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Isidoro Warral
(deceased) ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003236142--8
-05/03/00--01018--013
****300.00 ****300.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ileana Capote

Date

3-23-00

Daytime Phone #

(305) 260-1853

CR2E034 (9/99)

March 6, 2000

FL. DEPARTMENT OF STATE
Division of Corporations
P.O.Box 6327
Tallahassee, Fl. 32314

Ref.: P97000081718

Dear Sirs,

Please find attached my business check No. 123 in the amount of \$150.00 for fee payable to your Division.

Reason for filing this now is because my business' partner (Mrs. Isolda Worrel) died back in 1999 and she was the person who handled all these matters and sincerely I was not aware of my business annual obligation to pay an annual fee to your Division. I have checked all payments made during 1999 and I don't find any payment for \$150.00 to your Division. Therefore I assume that this payment belongs to 1999.

I was told that your Division uses to send all corporations a form to let them pay the annual fee, but again I can't tell you whether we received it or not, as I was totally ignorant of this. If this payment is for 1999, please let me have your form for 2000, to pay it as soon as received.

Please accept my apologizes and delete the name of my deceased partner from your records of my corporation.

Thanks for your attention,

Sincerely,

Ileana Capote
ILEANA CAPOTE - PRESIDENT
MULTI-MEDICAL SYSTEMS, INC.
6481 W 12TH LANE
HIALEAH, FL. 33012

*Filed
3/7/00*