

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

FILED

Sep 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000102738 (6)  
1. Corporation Name  
MEDRAPORT INTERNATIONAL MARKETING, INC.

Principal Place of Business  
100 S.E. 4TH STREET  
SUITE "D"  
MIAMI FL 33131

Mailing Address  
100 S.E. 4TH STREET  
SUITE "D"  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/04/1997

4. FEI Number  
65-0834246  
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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 2550 NW 72 AVE

Suite, Apt. #, etc.  
22 117

City & State  
23 MIAMI FL

Zip  
24 33122

Country  
25 Dade

2a. Mailing Address  
26 2550 NW 72 AVE

Suite, Apt. #, etc.  
27 117

City & State  
28 MIAMI FL

Zip  
29 33122

Country  
30

9. Name and Address of Current Registered Agent

DUARTE, CAMILO  
100 S.E. 4TH STREET  
SUITE "D"  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
CAMILO DUARTE

82 Street Address (P.O. Box Number is Not Acceptable)  
2550 NW 72 AVE

83 SUITE 117

84 City  
MIAMI

FL

85 Zip Code  
33122

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
CAMILO DUARTE  
2550 NW 72 AVE # 117  
MIAMI FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMILO DUARTE 07/23/98 (905) 500-9408

Date

Signature # 000382A

CR2E034 (10/97)