05-06-1999 90283 029 ***150.00

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Mailing Address

1717 NORTH BAYSHORE DRIVE #3854

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025269

1. Corporation Name

Principal Place of Business

JAMCO INTERNATIONAL MEDICAL INNOVATION, INC.

1717 NORTH BAYSHORE DRIVE #3854 MIAMI FL 33132			1717 NORTH BAYSHORE DRIVE #3854 Miami FL 33132				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	1		
		-					03/17/1998			}
2. Principal PI	lace of Business	2a. Mailing	Address				4. FEI Number	~	Ap	plied For
21		26					65-0818058)	No	t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City &	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_	Countr	У		This corporation owes the cu	rrent year li		_
24	25	29	30	<u>) </u>			Personal Property Tax.			□No
	9. Name and Address	of Current Registered Ag	gent				10. Name and Address of New	Registered	I Agent	
				8	1 1	Name				
	WARTZ, MICHAEL	1004		82	2 5	Street Addres	ss (P.O. Box Number is Not Accep	table)		
	HOLLYWOOD BLVD #	204			\perp					
HOLI	LYWOOD FL 33020			8:	3					
				84	4 (City		FI	85 Zip (Code
	· · · · · ·	- CO7 DEDO 1 CO7 1500	Florida Statutos	the obo		amed corner	ration submite this statement for th		- I	registered
office or re agent. I ar	egistered agent, or both, in m familiar with, and accept	the State of Florida. Such the obligations of, Section	change was author 607.0505, Florida	orized by a Statute	y the	e corporation	ation submits this statement for the statement of directors. I hereby according to the statement of the stat	ept the app	ointment as re	gistered
SIGNATURE	<u></u>							DATE		
		registered agent and title if applicable ICERS AND DIRECTORS		13.	ent si	gnature required w	ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
12.	D	ICERS AND DIRECTORS	☐ DELETE	1.1 TITLE			ADDITIONOJOVANOZO TO C		Change	Addition
NAME	MEDICI, JEAN-AIME			1.2 NAME						
STREET ADDRESS	1717 NORTH BAYSH	DE DBIVE #3854		1		DDRESS				
	-				FT AD					
CITY-ST-ZIP	I MIAMI EL 22122	ONE DRIVE #0004		1		1P				
ITMF I	MIAMI FL 33132		☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZI		Jasuefik.		Change	Addition
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NAME	MIAMI FL 33132		DELETE .	1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZI		UTASWERR ICLUSTE SCHWARR— 12T HOLLYWOOD BLUE	s stc	□ Change	Addition
NAME STREET ADDRESS	MIAMI FL 33132		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZI		FASHERR ICLURIC SCHWALR— 135 Hollywood BLUE	s stc	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33132	ONE DRIVE #3004	DELETE .	1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZI		FASHERR ICLURIC SCHWALT 135 Hollywood BLUE Ollywood, R 3505) SEC	Change	Addition
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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS

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.