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

DOCUMENT # P98000044084

ENVIROMED INTERNATIONAL, INC.

Principal Place of Business									
_	BRICI			SUITE	3000				

Mailing Address

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90025 034 ***158.75



701 BRICKELL I MIAMI FL 33131	L AVE. SUITE 3000 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed							
							05/15/1998					
2. Principal Place of Business		2a. Maili	2a. Mailing Address				4. FEI Number 65-0880254			ied For		
21		26	26				65-0600237			Applicable		
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.				5. Certificate of Status Desired		ee Req	Iditional uired		
City & State	3	City	& State -	-			6. Election Campaign Financing	~\$ 5	5:00 N	lay Be		
23		28					Trust Fund Contribution	Ac	dded to	Fees		
Zip	Country	Zip	Zip Cour			G. This corporation extra the content years						
24	25	29	29 30				Personal Property Tax. ☐ Yes 💆 No					
	9. Name and Address of Curre	ent Registered	Agent		_		10. Name and Address of New Registered	<u>kgent</u>				
	ATTER ORGANIZATION ACTIO	000000111	201	81	ļ	Name						
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000			אכ	82	1	Street Addr	Address (P.O. Box Number is Not Acceptable)					
MAIM	AI FL 33131			83	;							
				84	1	City		85	Zip Co	ode		
					1		FL		na lta -	- distance		
office or r	to the provisions of Sections 607.0! egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Su	ich change was auti	norized by	i ti	-named corp he corporation	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	itment	as regi	stered		
SIGNATURE		130 17	WOTE D			To altrea en arrien	of when reinstating) DATE					
12,	Signature, typed or printed name of registered a	AND DIRECTO	· · · · · · · · · · · · · · · · · · ·	13.	an s		ADDITIONS (OLIMANOS OF TO OFFICERS AND	D DIR	ECTOF	S IN 12		
TITLE		IND DIVILOTO	. □ DELETE	1,1 TITLE			PRESIDENT MARIO A. MENDEZ 5661 PINE TREE DRIVE MIAMI BEACH, FL 33140	X Ch	ange	Addition		
NAME				1.2 NAME		1	MARIO A. MENDEZ	•				
STREET ADDRESS				13 STREE	T #	ADDRESS	5661 PINE TREE DRIVE					
				1.4 CITY- S		-7IP	MIAMI BEACH, FL 33/40) – Z	.149			
CITY-ST-ZIP TITLE			DELETE	2.1 TITLE	-			Ch	ange	Addition		
NAME				2.2 NAME						1		
STREET ADDRESS				2.3 STREE	T 4	ADDRESS						
				2.4 CITY-		1				ĺ		
CITY-ST-ZIP TITLE			DELETE	3.1 TITLE	ψ,			Ch	nange	Addition		
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	-T A	ADDRESS						
				3.4. CITY-		!		•				
CITY-ST-ZIP TITLE			DELETE	4,1 TITLE	<u> </u>			Cr	nange	Addition		
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE		ADDRESS						
-				4.4 CITY-5								
CITY-ST-ZIP TITLE			[] DELETE	5.1 TITLE	-	-2"		Ch	nange	Addition		
NAME				5.2 NAME								
				5.3 STREE	ET A	ADDRESS				Ì		
STREET ADDRESS				5.4 CITY-5	ST-	.zip						
TITLE			DELETE	6.1 TITLE				. 🗆 CI	nange	Addition		
			<u> </u>	6.2 NAME			ł .	_	-			
NAME				1		ADDRESS						
STREET ADDRESS				1	,					1		

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 option attachment with an address, with all other like empowered.