

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90016 045 ***150.00

DOCUMENT # P98000099970

1. Corporation Name

MEDIKA CORPORATION

Principal Place of Business

12945 S.W. 133RD COURT
MIAMI FL 33186

Mailing Address

12945 S.W. 133RD COURT
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-0878452

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8455 NW 68TH STREET

2a. Mailing Address

26 P.O. BOX 22-6255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL.

City & State

28 MIAMI - FL.

Zip

24 33166

Country

25 USA

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

RODRIGUEZ, AURORA C
13500 N. KENDALL DRIVE
SUITE 131
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

AURORA C. RODRIGUEZ

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

10111 NW 52nd TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33178

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

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

Secretary

3/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TRESPALACIOS, FRANCISCO

STREET ADDRESS 2315 N.W. 107TH AVE.

CITY-ST-ZIP MIAMI FL 33172

TITLE STD ☐ DELETE

NAME RODRIGUEZ, AURORA C

STREET ADDRESS 13500 N. KENDALL DR. SUITE 131

CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

F. Trespalacios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/26/99 (305) 717-5060

Daytime Phone #

CR2E034 (11/98)