UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062290

Corporate Name

BARSCH MEDICAL USA, INC

Principal Place of Business — Mailing Address

8000 Governor's Square Blvd.
Suite #105 Miami Lakes Fl. 33016

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90157 024 ***150.00

24069077

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0939078 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENRIQUE BERRIOS 8000 Governors Square Blvd. Suite #105 Miami Fl. 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Date

Signature (type or printed name of registered agent and title, if applicable) — Name of registered agent (typed or printed) — Date

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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Title: ENRIQUE BERRIOS ☐ Delete Street Address: 7760 W 20 Ave #21 City-State-Zip: Hialeah, FL 33016	Title ☐ Change ☐ Addition
Title ☐ Delete Street Address City-State-Zip	Title ☐ Change ☐ Addition
Title ☐ Delete Street Address City-State-Zip	Title ☐ Change ☐ Addition
Title ☐ Delete Street Address City-State-Zip	Title ☐ Change ☐ Addition
Title ☐ Delete Street Address City-State-Zip	Title ☐ Change ☐ Addition
Title ☐ Delete Street Address City-State-Zip	Title ☐ Change ☐ Addition

CR2E034 (10/00)

I hereby certify that the information supplied with this filing, and to the extent required by Section 119.07(3)(n), Florida Statutes, I further certify that the information indicated on this report or supplement(s) is true and accurate and that my electronic 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 Florida Statutes; and that my name appears in Section 12 or has been changed, or on an attachment with the name, title, and signature of each other officer or director.

SIGNATURE: _____ 04-28-04 C.B.

SIGNATURE — TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date