

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:44

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S27000 (6)

1. Corporation Name
ULTRATECH MEDICAL SUPPLIES AND EQUIPMENT, INC.

Principal Place of Business: **ULTRATECH MED SUPPLIES INC, 8150 SW 8 ST 105, MIAMI FL 33144 US**
Mailing Address: **8150 SW 8TH ST 105, MIAMI FL 33144 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/24/1991** 3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business: **8150 SW 8TH ST** 2a. Mailing Address: **8150 SW 8TH ST**
21 Suite, Apt. #, etc: **105** 26 Suite, Apt. #, etc: **105**
23 City & State: **MIAMI FL** 28 City & State: **MIAMI FL**
24 Zip: **FL 33144** 25 Country: **USA** 29 Zip: **33144** 30 Country: **USA**

4. FEI Number: **65-0238008** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing (Total Cash Contribution): **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **VALDES, ALINA, 16542 NW 83 PL, MIAMI FL 33016**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

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 607.0865, Florida Statutes.
SIGNATURE: *Alina Valdes* DATE: **6/11/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE: PD	NAME: VALDES, ALINA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16542 NW 83 PL	CITY, ST, ZIP: MIAMI LAKES FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Alina Valdes* DATE: **6/11/95** (205) 265-9398

CR2E034 (3/95)