FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S49917** **(5)**

1. Corporation Name

HA MEDICAL INC.

Principal Place of Business	Mailing Address
2441 NW 93RD AVE SUITE 109 MIAMI FL 33172	2441 NW 93RD AVE. STE. 103 MIAMI FL 33172 US

3. Date Incorporated or Qualified: **05/02/1991**
3a. Date of Last Report: **11/08/1995**

4. FEI Number: **65-0290695** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 7331 CORAL WAY
22: Suite, Apt. #, etc.: #265
23: City & State: MIA FL
24: Zip: 33155
25: Country: USA

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

9. Name and Address of Current Registered Agent

PEREZ, PEDRO A.
12400 SW 43 ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: ELIA PEREZ-ARYAN
82 Street Address (P.O. Box Number is Not Acceptable): 1237 FERDINAND ST
83:
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: ELIA PEREZ-ARYAN Elia Perez-Aryan DATE: 2/1/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, PEDRO A 12400 SW 43 ST. MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D/T	☑ Change ☐ Addition
2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D/PRESIDENT/SECRE ELIA PEREZ-ARYAN 7331 CORAL WAY MIA. FL 33134	☐ Change ☑ Addition
3 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D/ELSIE CRUZ V.P. 7331 CORAL WAY MIA. FL. 33134	☐ Change ☑ Addition
4 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 attached amendment, with an address.

SIGNATURE: Elia Perez-Aryan 2/1/96 305-445-5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #