

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49917** (5)

1. Corporation Name
HA MEDICAL INC.



Principal Place of Business

**2441 NW 93RD AVE
SUITE 109
MIAMI FL 33172**

Mailing Address

**2441 NW 93RD AVE.
STE. 109
MIAMI FL 33172
US**

2. Principal Place of Business

21 **7331 CORAL WAY**

22 **#265**

23 **MIA FL**

24 **33155** 25 **USA**

2a. Mailing Address

26 **SAME**

27 **Suite, Apt. #, etc.**

28 **City & State**

29 **Zip**

30 **Country**

3. Date Incorporated or Qualified

05/02/1991

3a. Date of Last Report

11/08/1995

4. FET 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

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 **CORAL GABLES FL**
84 City **33134** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 2/1/96

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE D	1. TITLE D/
2. NAME PEREZ, PEDRO A	2. NAME T
3. STREET ADDRESS 12400 SW 43 ST.	3. STREET ADDRESS
4. CITY-STATE-ZIP MIAMI FL	4. CITY-STATE-ZIP
5. TITLE ☐ DELETE	5. TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-STATE-ZIP	8. CITY-STATE-ZIP
9. TITLE ☐ DELETE	9. TITLE ☐ Change ☒ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE ☐ DELETE	13. TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE ☐ DELETE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-ZIP
21. TITLE ☐ DELETE	21. TITLE ☐ Change ☐ Addition
22. NAME	22. NAME
23. STREET ADDRESS	23. STREET ADDRESS
24. CITY-STATE-ZIP	24. CITY-STATE-ZIP
25. TITLE ☐ DELETE	25. TITLE ☐ Change ☐ Addition
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28. CITY-STATE-ZIP	28. CITY-STATE-ZIP
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36. CITY-STATE-ZIP	36. CITY-STATE-ZIP
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44. CITY-STATE-ZIP	44. CITY-STATE-ZIP
45. TITLE ☐ DELETE	45. TITLE ☐ Change ☐ Addition
46. NAME	46. NAME
47. STREET ADDRESS	47. STREET ADDRESS
48. CITY-STATE-ZIP	48. CITY-STATE-ZIP
49. TITLE ☐ DELETE	49. TITLE ☐ Change ☐ Addition
50. NAME	50. NAME
51. STREET ADDRESS	51. STREET ADDRESS
52. CITY-STATE-ZIP	52. CITY-STATE-ZIP
53. TITLE ☐ DELETE	53. TITLE ☐ Change ☐ Addition
54. NAME	54. NAME
55. STREET ADDRESS	55. STREET ADDRESS
56. CITY-STATE-ZIP	56. CITY-STATE-ZIP
57. TITLE ☐ DELETE	57. TITLE ☐ Change ☐ Addition
58. NAME	58. NAME
59. STREET ADDRESS	59. STREET ADDRESS
60. CITY-STATE-ZIP	60. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elia Perez-Aryan

2/1/96

305-445-5999

CR2E034 (12/95)