

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**7331 CORAL WAY  
#265  
MIAMI FL 33155  
US**

Mailing Address

**7331 CORAL WAY  
#265  
MIAMI FL 33155-1471  
US**

3. Date Incorporated or Qualified  
**05/02/1991**

3a. Date of Last Report  
**02/13/1996**

2. Principal Place of Business

**21 313-317 Minorca Ave.**

Suite, Apt. #, etc.

**22**  
City & State

**23 Coral Gables, FL.**

**24 33134** **25 U.S.**

2a. Mailing Address

**26 313-317 Minorca Ave.**

Suite, Apt. #, etc.

**27**  
City & State

**28 Coral Gables, FL.**

**29 33134** **30 U.S.**

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

9. Name and Address of Current Registered Agent

**PEREZ-ARYAN, ELIA  
1237 FERDINAND ST  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ, PEDRO A</b>	
STREET ADDRESS	<b>12400 SW 43 ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ-ARYAN, ELIA</b>	
STREET ADDRESS	<b>7331 CORAL WAY</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUZ, ELSIE</b>	
STREET ADDRESS	<b>7331 CORAL WAY</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>313-317 Minorca Avenue</b>
2.4 CITY- ST- ZIP	<b>Coral Gables, Florida 33134</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Cruz, Elsy</b>
3.3 STREET ADDRESS	<b>313-317 Minorca Avenue</b>
3.4 CITY- ST- ZIP	<b>Coral Gables, Florida 33134</b>
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 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.

SIGNATURE:

*Elia Perez-Aryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/97

Date

(305) 445-5899

Daytime Phone #

CR2E034 (9/96)