FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:53

DOCUMENT # **S52169** **(7)**

1. Corporation Name
INTEL MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD. #308 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD. SUITE 308 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

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

4. FEI Number: 65-0260436 ☐ 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

~~LOREDO, JORGE~~
~~236 SW 30TH AVENUE~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name: Fidalgo, Jose M.
82 Street Address (P.O. Box Number is Not Acceptable): 8481 S.W. 35th Terrace
83
84 City: Miami FL 85 Zip Code: 33155

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: X _____ 3/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T/P/D	☒ Change ☐ Addition
NAME	FIDALGO, JOSE M	1.2 NAME	-Same-	
STREET ADDRESS	6261 WEST FLAGLER STREET #06	1.3 STREET ADDRESS	8481 S.W. 35th Terrace	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	miami, Fla 33155	
TITLE	D	2.1 TITLE	D/V/P/S	☒ Change ☐ Addition
NAME	LOREDO, JORGE EULOGIO	2.2 NAME	-Same-	
STREET ADDRESS	236 SW 30 AVE	2.3 STREET ADDRESS	-Same-	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	-Same-	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: X _____ 3/31/95 (305)443-7891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0137000 CP