

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 # S53040 (9)

1. Corporation Name

CRYDA MEDICAL INC.



000001731306

03/04/96--01085--028

****208.75 ****208.75

Principal Place of Business

7161 SW 8TH ST
MIAMI FL 33144

Mailing Address

7161 SW 8TH ST
MIAMI FL 33144

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/08/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0261118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

~~MONTIEL CARLOS~~
~~35 SIDONIA AVENUE~~
~~APT. C~~
~~MIAMI, CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

Daisy Perez

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

1791 SW 142 AVE

83

84 City

Miami

FL

85 Zip Code

33175

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

Signature, typed or printed name of registered agent and then applicable to (BLOCK 12) Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME PEREZ, CHARLES
STREET ADDRESS 1791 SW 142 AVE.
CITY-STATE-ZIP MIAMI-FL

TITLE AV ☒ DELETE
NAME ~~MONTIEL, CARLOS~~
STREET ADDRESS ~~35 SIDONIA AVE. APT. C~~
CITY-STATE-ZIP ~~MIAMI, CORAL GABLES FL 33134~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. ☐ Change ☒ Addition
1.2 NAME Daisy Perez
1.3 STREET ADDRESS 1791 SW 142 AVE
1.4 CITY-STATE-ZIP MIAMI FL 33175

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Charles Perez
2.3 STREET ADDRESS 1791 SW 142 AVE
2.4 CITY-STATE-ZIP MIAMI FL 33175

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Signature of Signer

CR2E034 (12/95)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 MAR -4