

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 # S60371 (9)

1. Corporation Name

MEDICAL DEVICES, INC.

Principal Place of Business

8235 NW 64TH STREET, #4  
MIAMI FL 33166  
US

Mailing Address

8235 NW 64TH STREET #4  
MIAMI FL 33166  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

07/26/1995

4. FET Number

65-0268711

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

DEL REY, JORGE R  
8235 NW 64TH ST.  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84

FL 85 Zip Code

11. Pursuant to the provisions of Sections 007.002 and 007.1508, 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 007.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and its applicability

(NOTE: Registered Agent's signature must include date of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
PASSOS, PEDRO FRANCISCO  
STREET ADDRESS RUA PIRITUBA 121  
CITY- ST- ZIP SAO PAULO, BRAZIL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

200001767632  
-04/03/96--01016--023  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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, 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 of the corporation, to execute this report as provided in Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

CR2E034 (12/95)