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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90006 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72932

1. Corporation Name
CARDIAC BALLOON ASSIST, INC.

Principal Place of Business

Mailing Address

~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST., 28 FLOOR~~
~~MIAMI FL 33131~~

~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST., 28 FLOOR~~
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1991

4. FEI Number

65-0277731

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 201 S. Biscayne Blvd.

26 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 2000

27 Suite # 2000

City & State

City & State

23 Miami, FL

28 Miami

Zip

Country

Zip

Country

24 33131

25 US

29 33131

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KTG&S REGISTERED AGENT CORPORATION~~
~~100 SE 2ND ST.~~
~~28 FLOOR~~
~~MIAMI FL 33131~~

81 Name

Marc H. Overbach, Esq.

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

201 S. Biscayne Blvd.

83

2000

84 City

miami

85 Zip Code

FL 33131

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

Marc Overbach

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME GENNARO, JOSEPH
STREET ADDRESS 11850 SW 92ND LANE
CITY-STATE-ZIP MIAMI FL 33186

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE

Joseph Gennaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

(305) 271-0471
Daytime Phone #

CR2E034 (11/98)