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
95 MAY 11 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **S78823** **(9)**

1. Corporation Name

MEDITEK INDUSTRIES, INC.

Principal Place of Business	Mailing Address
825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131	825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1991	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3093529	☐ 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
7. This corporation has liability for a municipality tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	STANLEY, PAUL	12 NAME	Delete	
STREET ADDRESS	8875 HIDDEN RIVER PKY110	13 STREET ADDRESS	Stanley, Paul	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	DC	21 TITLE		☒ Change ☐ Addition
NAME	MENDELSON, LAURANS	22 NAME		
STREET ADDRESS	825 S. BAYSHORE DR. #643	23 STREET ADDRESS	#1650	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	DV	31 TITLE	DP	☒ Change ☐ Addition
NAME	PAUL, JOSEPH RANS	32 NAME	Paul, Joseph	
STREET ADDRESS	825 S. BAYSHORE DR. #643	33 STREET ADDRESS	#1650	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	DTV	☒ Change ☐ Addition
NAME	IRWIN, THOMAS	42 NAME		
STREET ADDRESS	3000 TAFT ST.	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP		
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	VETTER, JUDITH	52 NAME		
STREET ADDRESS	825 S. BAYSHORE DR #643	53 STREET ADDRESS	#1650	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE		61 TITLE	DV	☐ Change ☒ Addition
NAME		62 NAME	Mendelson, Victor H.	
STREET ADDRESS		63 STREET ADDRESS	825 S. Bayshore Dr. #1650	
CITY ST ZIP		64 CITY ST ZIP	Miami FL 33131	

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: _____ VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130245 CP