

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT #**  
1. Corporation Name: **CORSIL Medical Enterprises, Inc.**  
**V30176**

Principal Place of Business: **55 WESTON ROAD, SUITE #320, FORT LAUDERDALE, FLORIDA, 33326**

Mailing Address: **55 WESTON ROAD, SUITE #320, FORT LAUDERDALE, FLORIDA, 33326**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/21/1992**

21. Principal Place of Business <b>55 WESTON ROAD</b>	2a. Mailing Address <b>55 WESTON ROAD</b>
22. Suite, Apt. #, etc. <b>SUITE #320</b>	27. Suite, Apt. #, etc. <b>SUITE #320</b>
23. City & State <b>FORT LAUDERDALE, FL</b>	28. City & State <b>FORT LAUDERDALE, FL</b>
24. Zip <b>33326</b>	29. Zip <b>33326</b>
25. Country <b>USA</b>	30. Country <b>U.S.A.</b>

4. FEI Number <b>65-0326772</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CESAR G. CORDOVA**  
**7895 N.W. 7<sup>TH</sup> COURT,**  
**PLANTATION, Florida 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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: **CESAR G. CORDOVA - President** DATE: **03/20/1998**

12. OFFICERS AND DIRECTORS

TITLE: <b>President</b>	<input type="checkbox"/> DELETE
NAME: <b>CESAR G. CORDOVA</b>	
STREET ADDRESS: <b>7895 N.W. 7<sup>TH</sup> COURT</b>	
CITY-ST-ZIP: <b>PLANTATION Florida 33324</b>	
TITLE: <b>BLANCA S. de CORDOVA</b>	<input type="checkbox"/> DELETE
NAME: <b>SECRETARY - Vice President</b>	
STREET ADDRESS: <b>7895 N.W. 7<sup>TH</sup> COURT</b>	
CITY-ST-ZIP: <b>Plantation FL 33324</b>	
TITLE: <b>TREASURER</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>DAVID M. SNYDER</b>	
STREET ADDRESS: <b>101 FAIRFAX LANE</b>	
CITY-ST-ZIP: <b>WESTON, FL 33327</b>	
TITLE: <b>Vice-President</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>Betty SILVA</b>	
STREET ADDRESS: <b>101 FAIRFAX LANE</b>	
CITY-ST-ZIP: <b>Weston, FL 33327</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BLANCA S de CORDOVA</b>
2.3 STREET ADDRESS	<b>Vice President - SECRETARY</b>
2.4 CITY-ST-ZIP	<b>7895 N.W. 7 COURT</b> <b>Plantation FL, 33324</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500002496006**  Change  Addition  
**-04/13/98--01080--027**  
**\*\*\*158.75**

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 officer 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: **CESAR G. CORDOVA - President** DATE: **03/20/1998** PHONE: **954-452-0691**

CR2E034 (10/97)