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

APPROVED AND FILED

95 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48633** **(4)**

1. Corporation Name
LEEX MEDICAL CORP.

Principal Place of Business	Mailing Address
9098 N.W. 60TH STREET MIAMI FL 33166	1620 N.E. 163RD STREET SUITE 307 NO. MIAMI BCH

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/08/1992	07/07/1994

2. Principal Place of Business	2a. Mailing Address
21 9532 Harding Av.	26 P.O.Box 54-7097
Suite, Apt. #, etc. 22 Suite 103	Suite, Apt. #, etc. 27
City & State 23 Surfside, Fla.	City & State 28 Surfside, Fla.
Zip / County 24 33154-7097 / 25 U.S.A.	Zip / County 29 33154-7097 / 30 U.S.A.

4. FEI Number: 65-0344832 ☐ 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	10. Name and Address of New Registered Agent
PEREZ-PADILLA, MANUEL 3231 S.W. 16TH TERR. MIAMI FL 33145	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	RUIZ, CESAR M.	12 NAME	
STREET ADDRESS	MAIPU 362 5000 CORDOBA	13 STREET ADDRESS	
CITY ST ZIP	REPBLIC OF ARGENTINA	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	GARRIDO, JOSE A.	22 NAME	
STREET ADDRESS	MAIPU 362 5000 CORDOBA	23 STREET ADDRESS	
CITY ST ZIP	REPBLIC OF ARGENTINA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VILASECA ARMANDO	32 NAME	
STREET ADDRESS	1820 NE 163 ST STE 307	33 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BCH FL 33162	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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 the 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: Edward B. Leeser 4/24/95 (305) 864-6264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

C95033 IN