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

APPROVED AND FILED

96 FEB -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49577 (2)

1. Corporation Name

DADE MEDICAL., INC.

Principal Place of Business	Mailing Address
~~331 SW 122ND AVE~~ ~~MIAMI FL 33184-2406~~	~~331 SW 122ND AVE~~ ~~MIAMI FL 33184-2406~~

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business: 6303 BLUE LAGOON	26	2a. Mailing Address: 6303 BLUE LAGOON
22	Suite, Apt. #, etc: 310	27	Suite, Apt. #, etc: 310
23	City & State: MIAMI FL.	28	City & State: MIAMI FL
24	Zip: 33126	29	Zip: 33126
25	Country: USA	30	Country: USA

4. FEI Number: 65-0346693 ☐ 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

~~MORALES TERESITA C~~
~~255 NW 128TH AVE~~
~~MIAMI FL 33182~~

10. Name and Address of New Registered Agent

81 Name: JAMES TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 2401 COLLINS AVE, Apt 1802
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: X James M [illegible] 1/22/96
(Typed or printed name of registered agent making this change) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ ☑ DELETE	7.1 TITLE	☐ Change ☐ Addition
NAME	~~MORALES, TERESITA C.~~	7.2 NAME	
STREET ADDRESS	~~255 NW 122ND AVE.~~	7.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	7.4 CITY-ST-ZIP	
TITLE	~~VP~~ ☑ DELETE	8.1 TITLE	☐ Change ☐ Addition
NAME	~~MORALES, GILBERT DAVID~~	8.2 NAME	
STREET ADDRESS	~~255 NW 128H AVE.~~	8.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~ PRESIDENT	8.4 CITY-ST-ZIP	
TITLE	JAMES TAYLOR ☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
NAME	2401 COLLINS Avenue	9.2 NAME	
STREET ADDRESS	Suite 1802	9.3 STREET ADDRESS	600001707946
CITY-ST-ZIP	MIAMI BEACH FL 33140	9.4 CITY-ST-ZIP	-02/05/96--01091--025
TITLE	GINO LAMA - vice president ☐ DELETE	10.1 TITLE	****200.00 ☐ ****200.00
NAME	10863 NW 7 ST. # 24.	10.2 NAME	
STREET ADDRESS	MIAMI FL. 33172	10.3 STREET ADDRESS	
CITY-ST-ZIP		10.4 CITY-ST-ZIP	
TITLE	☐ DELETE	11.1 TITLE	☐ Change ☐ Addition
NAME		11.2 NAME	
STREET ADDRESS		11.3 STREET ADDRESS	
CITY-ST-ZIP		11.4 CITY-ST-ZIP	
TITLE	☐ DELETE	12.1 TITLE	☐ Change ☐ Addition
NAME		12.2 NAME	
STREET ADDRESS		12.3 STREET ADDRESS	
CITY-ST-ZIP		12.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 added on an attachment with an address.

SIGNATURE: X James M [illegible] 1/22/96 305