

May 09 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49577

(2)

1. Corporation Name
DADE MEDICAL, INC.

Principal Place of Business

2801 NW 74TH AVENUE
SUITE 209
MIAMI FL 33122

Mailing Address

2801 NW 74TH AVENUE
SUITE 209
MIAMI FL 33122-1441

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

02/05/1996

4. FEI Number

65-0346693

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LAMA, CLAUDIA
2801 N.W. 74TH AVE.
SUITE 209
MIAMI FL 33122

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE PD
12.2 NAME LAMA, CLAUDIA
12.3 STREET ADDRESS 9962 SW 4TH STREET
12.4 CITY-ST-ZIP MIAMI FL 33174
☐ DELETE12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP
☐ DELETE12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP
☐ DELETE12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
☐ DELETE12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP
☐ DELETE12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
☐ Change ☐ Addition13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
☐ Change ☐ Addition13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
☐ Change ☐ Addition13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
☐ Change ☐ Addition13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP
☐ Change ☐ Addition13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/20/97

Date

(305) 477-4424

Daytime Phone #

0162330

CR2E034 (9/96)