2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-02-2004 90006 035 ***150.00

66432015

MOORE CR2E034 (4/04)

DOCUMENT # V54851

1. Entity Name
ROXITEX CORPORATION

Principal Place of Business	Mailing Address
5543 NW 72 AVE MIAMI FL 33166 US	10965 S.W. 157 TERRACE MIAMI FL 33157

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0341234 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREYRA, SONIA 5543 NW 72 AVE MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREYRA, SONIA	NAME	
STREET ADDRESS	5543 NW 72 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia Pereyra — 8/9/04 — 305 971-7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc # V54857

66482015

ROXITEX CORPORATION

10965 S.W. 157TH. TERRACE
MIAMI, FLORIDA 33157
PH 305 971-7438 -FAX 305 278-4446

FAX MESSAGE

FROM:SONIA ERGUETA
TO: DIVISON OF CORPORATIONS
PHONE : 850 245-6056
ATTN: DIV. OF CORPORATIONS
DATE: JULIO 29, 2004

DEAR SIRS:

AS PER OUR PHONE CONVERSATION THIS MORNING WITH ONE OF YOUR REPRESENTATIVES, I AM WRITING YOU THIS LETTER, TO LET YOU KNOW, THAT I NEVER RECEVIED THE FIRST FORM THAT YOU ALWAYS SENT TO US.

ALSO DUE TO A PESONAL PROBLEMS THAT I HAD EXPERIENCED THIS YEAR, SUCH A DIVORCE AND ALSO MAJOR SURGERY (ATTACHED PROOFS OF IT) I DID NOT REALIZE THE OMISION OF THE DOCUMENT AND ALSO THE PAYMENT.

AS YOU CAN CHECK IN MY RECORDS FOR THE LAST PAST TWELVE YEARS, NOT EVEN OUNCE WE WERE LATE ON TH PAYMENT, IT WAS ALSO BEFORE THE DUE DATE ON YOUR HANDS.

PLEASE FOR THIS FIRST TIME ACCEPT MY APPOLOGIES AND VOID THE LATE FEE CHARGES.

THANK YOU

Sonia Ergueta

Attachment
Dr. # V548 57

66432015

IN THE CIRCUIT COURT OF THE
ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY,
FLORIDA

IN RE: THE MARRIAGE OF

Sonia Pereyra

Petitioner,

and Dario Pereyra

Respondent.

FAMILY DIVISION

CASE NO. 04-6102 FC 38

FILED FOR RECORD
2004 MAY 14 AM 7:12
CIRCUIT COURT
MIAMI-DADE COUNTY, FLORIDA

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE (MSA)
(no children)

THIS CAUSE came before the undersigned on May 14th 2004 on Wife's Petition for Dissolution of Marriage. After hearing argument of the parties, it is therefore

ORDERED AND ADJUDGED that:

1. The Court has jurisdiction over the parties and the subject matter herein.

A TRUE COPY
CERTIFICATION ON LAST PAGE

66432015 Attachment Doc. # V574851

CASE NO. 04-6102 FC 38

2. **RESIDENCY REQUIREMENT:**

____ A residency witness affidavit was submitted and has become part of the file.

____ There was sworn testimony as to _____'s residency by _____ who is qualified as a residency witness.

X A valid Florida Driver's License has been produced.

3. The marriage of the parties is irretrievably broken, and is hereby dissolved.

4. A marital settlement agreement has been executed by the parties. A copy of that agreement is attached hereto as "Exhibit A". This agreement is ratified and is incorporated herein by reference.

5. The Wife's former name ✓ is ____ is not restored to wit: SONIA ERGUETA

6. The Court hereby reserves jurisdiction for the purposes of enforcement of the provision of this Final Judgment.

DONE AND ORDERED in Chambers at Miami-Dade County, Florida this 14th day of May 2004.

David T. Ivnis
CIRCUIT COURT JUDGE

Copies furnished to:

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in the office MAY 14 2004 AD 19____
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk L. Berry 2073

66432015 Attachment Doc # V5485 10

FECHA DE ALTA: 3/22/04 HORA: 1300 TRASLADO A: CASA
(ESPECIFIQUE RESIDENCIA U OTRO)

DIETA: Regular ☑ Diabética ☐ Otro: _____
Restricciones ☐ Instrucciones dadas por dietista _____. Copia entregada ☐

COMENTARIOS: _____

ACTIVIDAD: Restricciones ☑ No Restricciones ☐
COMENTARIOS: No levantar, empujar o alcar objetos pesados, no agacharse hasta que su medico lo indique

CUIDADO DE LA HERIDA: No hay herida ☐ Irrigar ☐
Mantener limpio/seco ☑ Cambiar el vendaje ☐
OSTOMIA: Cambiar cada ____ dias. Utensilio entregado ☐. NOTA: LLAME A SU MEDICO SI SE LE PRODUCE ENROJECIMIENTO, PUS, FRANJAS ROJAS, INFLAMACION, CALOR, ABLANDAMIENTO EN AUMENTO.
COMENTARIOS: _____

MEDICAMENTOS: Ninguno ☐ Receta entregada ☑

Nombre/Via/Frecuencia	Llamar al médico si nota
Xanax 0.5 mg a la hora de dormir cada d.a.	
Flagyl 250 mg una tab cada ocho horas	
Levaquin 250 mg una tab cada dia.	
Tigan 200 mg supo como indicado	

CHEQUEO PARA SEÑALES/SÍNTOMAS DE INFECCIÓN DENTRO DE LAS 24 HORAS A PARTIR DE LA FECHA DE ALTA:
No presenta señal alguna ☑ Temperatura elevada ☐ Dolor ☐ o enrojecimiento en: _____
Drenaje/Secreción purulenta ☐ Dificultad para orinar ☐ Dolor de cabeza/rigidéz del el cuello ☐
Diarrea ☐ Vómitos ☐ Erupción en la piel ☐ Lesión en la piel ☐
Lineas intravenosas/tubos (tipo y localizacion) _____
De existir alguna señal o síntoma descritos, el Dr.: _____ ha sido notificado.
ORDENES: Consentimiento al ALTA ☐ Posposición del ALTA ☐ Firma de la enfermera: [illegible] RN

RESULTADO ORDENES DE DOCTORES: _____

INSTRUCCIONES ESPECIALES Y COMENTARIOS: Seguimiento con el Dr Arango en una semana. Seguimiento con el Dr Sarfati el proximo Martes a las 2pm

Insistimos en recordarle que debe seguir fielmente las instrucciones recibidas del equipo medico del hospital y su médico de cabezera al ser dado de ALTA. De producirse alguna dificultad o si tiene alguna pregunta que hacer llame de inmediato a su médico. Si no puede comunicarse con él y entiende que las señales o síntomas que presenta requieren atención médica, dirijase al Salón de Emergencias. Es su responsabilidad seguir las instrucciones dadas por su médico aquellas señaladas anteriormente. Le deseamos una recuperación placentera y sin complicaciones en su hogar.

Ha sido informado/a en lo que concierne a continuar el cuidado necesario para mi herida o enfermedad. He leido las instrucciones recibidas anteriormente y las entiendo.

TESTIGO: [illegible] Enfermera x [illegible] Paciente

Tutor legal del paciente/parentezco: _____

Fecha: 3/22/04 Hora: 1300.

PALMETTO General Hospital
Tenet South Florida HealthSystem
Hialeah, Florida
Resumen de Instrucciones Para el Ser Dado de Alta

Identificacion del Paciente

ACCT#:4067617MR#:000067480 03/15/2004
PEREYRA, SONIA
SARFATI SAMUEL DOB:12/20/1948 F 55 418-0
PALMETTO GENERAL HOSPITAL