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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90063 042 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63360

1. Corporation Name
ULTRAMEDICAL CORPORATION

Principal Place of Business

3400 N.E. 192ND ST.
TOWER 600. #1603
AVENTURA FL 33180

Mailing Address

3400 N.E. 192ND ST.
TOWER 600. #1603
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1992

4. FEI Number

65-0367293

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLL, JORGE
3400 N.E. 192ND ST.
TOWER 600 - #1603
AVENTURA FL 33180

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE

NAME MOLL, JORGE
STREET ADDRESS 3400 N.E. 192 ST, #1603
CITY-ST-ZIP AVENTURA FL

1.1 TITLE Change Addition

TITLE S DELETE

NAME GUIMARAES, JOSE C
STREET ADDRESS 3400 NE 192 ST #1603
CITY-ST-ZIP AVENTURA FL

2.1 TITLE S Change Addition

2.2 NAME GUIMARAES, JOSE C.
2.3 STREET ADDRESS 290E RIVERBEND DR.
2.4 CITY-ST-ZIP SUNRISE, FL 33326

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with an other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

Daytime Phone #

CR2E034 (1/198)

UC209313