

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 JUL 17 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # Z00486**  
  
SKL MEDICAL PRODUCTS, L.C.  
8438 N. W. 61st Street  
Miami, Florida 33166  
  
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2. Principal Place of Business  
8438 N. W. 61st Street  
Suite, Apt. #, etc.

2a. Mailing Address  
Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State

Zip 33166 Country U.S.A.

Zip Country

3. Date Organized or Qualified 11/21/91  
3a. State of Formation Florida

4. FEI Number 65-0296327  
 Applied For  
 Not Applicable

5. Date of Last Report 3/28/96  
6. Certificate of Status Desired  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
Jana L. Sigars  
5200 Blue Lagoon Drive, Suite 600  
Miami, Florida 33126

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
600002244326--5

Suite, Apt. #, etc. -0722/97--01122--001  
\*\*\*203.75 \*\*\*203.75

City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	Manuel S. Neto	Av. Dos Carinas, 525	Indianapolis, Brazil
M	Hiroyuki Kitabayshi	Av. Pedro Bueno, 982	Sao Paulo, Brazil
M	Paulo L. Sobrinho	Av. Pedro Bueno, 982	Sao Paulo, Brazil

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Manuel S. Neto, Mgr. 7/15/97 (305) 406-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #