2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M27891

Entity Name: KARL STORZ ENDOSCOPIA LATINO AMERICA

INCORPORATED

Current Principal Place of Business:

815 N.W. 57 AVENUE SUITE #480 MIAMI, FL 33126

Current Mailing Address:

815 N.W. 57 AVENUE SUITE #480 MIAMI, FL 33126 US

FEI Number: 59-2664371 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLOGNE, WILLIAM 815 N.W. 57 AVENUE SUITE #480 MIAMI, FL 33126 US

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.

SIGNATURE: WILLIAM COLOGNE 01/12/2018

Electronic Signature of Registered Agent Date

FILED Jan 12, 2018

Secretary of State

CC2737010213

Officer/Director Detail:

Title CHAIRMAN OF THE BOARD Title PRESIDENT

Name STORZ, SYBIL Name ARAGONE, GIOVANNI Address 34 DR. KARL STORZ STRASSE Address 7171 MILLCREEK DR.

City-State-Zip: TUTTLINGEN 78532 City-State-Zip: MISSISSAUGA ONTARIO ON L5N 3R3

Title TREASURER Title TAX OFFICER

Name TAILOR, KRISHNA Name VESSELS, SUSAN

Address 7171 MILLCREEK DR. Address 2151 E. GRAND AVENUE
City-State-Zip: MISSISSALIGA ONTARIO ON L5N 3R3 City-State-Zip: EL SEGUNDO CA 90245

City-State-Zip: MISSISSAUGA ONTARIO ON L5N 3R3 City-State-Zip: EL SEGUNDO CA 90245

Title SECRETARY Title GENERAL MANAGER

Name GREEN, MARK Name URIBE, EDUARDO A

Address 815 N.W. 57 AVENUE

Address 2151 E. GRAND AVENUE Address 815 N.W. 57 AVENUE SUITE #480

City-State-Zip: EL SEGUNDO CA 90245 City-State-Zip: MIAMI FL 33126

Title FINANCE & OPERATIONS MANAGER Title BOARD DIRECTOR

Name COLOGNE, WILLIAM Name STORZ, KARL CHRISTIAN

Address 815 N.W. 57 AVENUE SUITE #480 Address 34 DR. KARL STORZ STRASSE

City-State-Zip: MIAMI FL 33126 City-State-Zip: TUTTLINGEN 78532

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM COLOGNE FINANCE & OPERATIONS 01/12/2018 MANAGER