

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000004686

**Entity Name:** SALUDMAX MEDICAL CORP

**Current Principal Place of Business:**

2648 SW 87 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

2648 SW 87 AVE  
MIAMI, FL 33165 US

**FEI Number: 82-4497093**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RAMIREZ, WILFREDO  
2648 SW 87 AVENUE  
MIAMI, FL 33165 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAMIREZ, WILFREDO  
Address        2648 SW 87 AVE  
City-State-Zip: MIAMI FL 33165

Title            VP  
Name            MARTINEZ, JORGE  
Address        2648 SW 87 AVE  
City-State-Zip: MIAMI FL 33165

Title            VP  
Name            FERREIRO, YASSER  
Address        2648 SW 87 AVE  
City-State-Zip: MIAMI FL 33165

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: WILFREDO RAMIREZ**

**P**

**01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date