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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 357134 (6)**

1. Corporation Name  
**MED-COM INC**

Principal Place of Business      Mailing Address

**ATTN: JOHN KIRBY  
2500 SW 75TH AVE  
MIAMI FL 33155-2805  
US**

**ATTN: JOHN KIRBY  
2500 SW 75TH AVE.  
MIAMI FL 33155  
US**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

3. Date Incorporated or Qualified      3a. Date of Last Report

**12/23/1969**      **07/06/1994**

4. FEI Number      Applied For

**59-1320238**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**KIRBY, JOHN  
2500 SW 75TH AVE.  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

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      DATE

*Signature: typed or printed name of registered agent and title if applicable*      *NOTE: Registered Agent signature required when re-registering*

12. OFFICERS AND DIRECTORS

TITLE      PDV

NAME      **URLICH, SYLVIA**

STREET ADDRESS      **235 SOLANO PRADO**

CITY - ST - ZIP      **CORAL GABLES, FL 0**

TITLE      ST

NAME      **URLICH, SYLVIA**

STREET ADDRESS      **235 SOLANO PRADO**

CITY - ST - ZIP      **CORAL GABLES, FL 0**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 in ink; 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) changed, or on an attachment with an address.

SIGNATURE: *Sylvia Ulrich*      Date: **4/13/95**      264-5252

SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (System Use Only)