

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **12/23/1969** 3a. Date of Last Report **04/21/1995**

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
24 25 29 30

4. FEI Number **59-1320238** 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 has liability for intangible tax under s. 199.032, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PDV	12 NAME	
STREET ADDRESS	URLICH, SYLVIA	13 STREET ADDRESS	
CITY-ST-ZIP	235 SOLANO PRADO	14 CITY-ST-ZIP	
	CORAL GABLES, FL 0	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME	ST	23 STREET ADDRESS	
STREET ADDRESS	URLICH, SYLVIA	24 CITY-ST-ZIP	
CITY-ST-ZIP	235 SOLANO PRADO	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CORAL GABLES, FL 0	32 NAME	
TITLE	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
NAME		34 CITY-ST-ZIP	
STREET ADDRESS		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		42 NAME	
TITLE	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
NAME		44 CITY-ST-ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		52 NAME	
TITLE	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
NAME		54 CITY-ST-ZIP	
STREET ADDRESS		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		62 NAME	
TITLE	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
NAME		64 CITY-ST-ZIP	
STREET ADDRESS			
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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: DATE: **4-5-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OFFICE PHONE: **264-5252**

CR2E034 (12/95)