


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$766).

 PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F62227 1. Corporation Name BIOMEDICAL INTERNATIONAL CORP.	

FILED
 99 NOV 15 PM 4:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 99
 DO NOT WRITE IN THIS SPACE

Principal Place of Business 4896 SW 74 CT MIAMI FL 33155		Mailing Address 4896 SW 74 CT MIAMI FL 33155	
21	22	23	24
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	

3. Date Incorporated or Qualified 02/10/1992	4. FEI Number 59-2163108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BORGES, JUAN R. 4896 SW 74 CT MIAMI FL 33155	
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10. Name and Address of New Registered Agent	
81 Name	88 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Juan Borges DATE: 11/8/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS BORGES, JUAN R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, JUAN R	1.2 NAME	
STREET ADDRESS	4896 SW 74 CT	1.3 STREET ADDRESS	LS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D BORGES, JUAN R	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, JUAN R	2.2 NAME	000003060500--0
STREET ADDRESS	4896 SW 74 CT	2.3 STREET ADDRESS	-12/03/99--01095--005
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	***750.00 ***750.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	000003060500--0
STREET ADDRESS		3.3 STREET ADDRESS	-12/03/99--01095--006
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***8.75 ***8.75
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 9/30/99 (30) 669-1010
Signature and typed or printed name of signing officer or director Daytime Phone #

034488

CR2E034 (5/99)