## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998			DIVISION OF CORPORATIONS			Secretary of State				
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MED	ELECTRIC	AL CONTR	ACTORS, INC.					į		
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13800 SW 8TH ST STE 268				13800 SW 8TH ST						
MIAMI FL	33184			STE 268 Miami Fl 33184				DO NOT WRITE IN THIS	SPACE	
US			US	1 2 20101				3. Date incorporated or Qualified		· · · · · · · · · · · · · · · · · · ·
0.00	· • · · · · · · · · · · · · · · · · · ·			2-11				09/13/1990		
2. Principa	Place of Busi	ness	<del> </del>	Mailing Address				4. FEI Number		pplied For
	ot. #, etc.		26     S	uite, Apt. #, etc.				65-0216578	<del></del>	ot Applicable
22	J, 515,			27				5. Certificate of Status Desired	•	Additional equired
City & S	ale			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country		ip	Cou	ntry		8. This corporation owes or has paid the cur		
24		25	29		30			Personal Property Tax due June 30.	Yes [	No
			of Current Register	red Agent		241		10. Name and Address of New Registered	Agent	
	LIAS, MIGUE					81 Name	3			
13800 SW 8TH ST STE 268						82 Street	t Addres	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33184					٠	83				
						84 City			85 Zip	Code
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office o	r registered ac	gent, or both, in	the State of Florida.	Such change was	authorized	by the cor	rporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the app	r changing ii ointment as	ts registered registered
		gent, or both, in ith, and accept	n the State of Florida. t the obligations of, S	Such change was ection 607.0505, F	authorized lorida Stat	d by the corutes.	rporation	ration submits this statement for the purpose o' n's board of directors. I hereby accept the app	r changing ii oointment as	ts registered registered
SIGNATUR	i	1 or printed name of i	registered agent and title if a	pplicable. (NO				when reinstating) DATE	* *	<del></del>
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SIGNATURI 12. TITLE	Signature, typed	or printed name of OFFI	registered agent and title if a	pplicable. (NO	TE. Registered	I Agent signatur LE		when reinstating) DATE	* *	<del></del>
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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 coopporation 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:

CITY-\$T-ZIP

**FILED** 

Jan 30 1998 8:00am