

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 # P93000021951 (7)
1. Corporation Name
TRIMED HEALTH CORP.



Principal Place of Business: **20022 NW 57TH PL MIAMI FL 33015**
Mailing Address: **20022 NW 57TH PL MIAMI FL 33015**

3. Date Incorporated or Qualified: **03/24/1993** 3a. Date of Last Report: **03/13/1995**
4. FEI Number: **65-0396475** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **26**
22 City & State: **27**
23 Zip: **28** Country: **29**

9. Name and Address of Current Registered Agent

GUTIERREZ, MARLEN
20022 NW 57TH PL
MIAMI FL 33015

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 607.508, 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: _____ (NOTE: Registered Agent Signature required when reporting) DATE: _____

OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, MARLEN	
STREET ADDRESS	20022 NW 57TH PL	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, MARLEN	
STREET ADDRESS	20022 NW 57TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, MARLEN	
STREET ADDRESS	20022 NW 57TH PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP.	<input type="checkbox"/> DELETE
NAME	RAFAEL GUTIERREZ	
STREET ADDRESS	20022 NW 57 PL.	
CITY-ST-ZIP	MIAMI - FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 included 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 of Block 13. If changed, attach an attachment with an address.

SIGNATURE: *Marlen Gutierrez* **MARLEN GUTIERREZ** **4/8/96 (305) 625-3830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City, State, Phone #)

CR2E034 (12/95)