

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000028117 (7)

1. Corporation Name
CYBERMED, INC.



Principal Place of Business: 7446 S.W. 48TH ST. MIAMI FL 33155
Mailing Address: 7446 S.W. 48TH ST. MIAMI FL 33155

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0508187
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

10. Name and Address of New Registered Agent

MARTINEZ, ALDO A
7446 S.W. 48TH ST.
MIAMI FL 33155

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 607.0500 and 607.1500, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ALDO A	
STREET ADDRESS	7446 S.W. 48TH ST.	
CITY, STATE, ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ALDO M	
STREET ADDRESS	7446 S.W. 48TH ST.	
CITY, STATE, ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, LUIS E	
STREET ADDRESS	7446 S.W. 48TH ST.	
CITY, STATE, ZIP	MIAMI FL 33155	
TITLE	D-S	<input type="checkbox"/> DELETE
NAME	MARTINEZ, LUIS R ASST.	
STREET ADDRESS	7446 S.W. 48TH ST.	
CITY, STATE, ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MARTINEZ, ALDO
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, 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 changes or additions are being made with an address.

SIGNATURE: ALDO A. MARTINEZ 1-22-96 (305) 233-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Docket/Case #

CR2E034 (12/95)