

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90193 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000035728

1. Corporation Name
INTERNATIONAL MEDICAL PUBLICATION, INC.



Principal Place of Business 7215 NW 46 ST MIAMI FL 33166 US	Mailing Address 7215 NW 46 ST MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1994	
21	22	28	27	4. FEI Number 69-0496555	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LORES JOFFRE <i>Fernando A. Keenan</i>				81 Name			
7215 NW 46 ST <i>7215 NW 46 St.</i>				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166 <i>Miami FL 33166</i>				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 05/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORES JOFFRE	1.2 NAME	<i>PRESIDENT</i>
STREET ADDRESS	7215 NW 46TH ST	1.3 STREET ADDRESS	<i>FERNANDO A. KEENAN</i>
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	<i>7215 NW 46 ST. MIAMI 33166</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORES JOFFRE	2.2 NAME	
STREET ADDRESS	7215 NW 46TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORES JOFFRE	3.2 NAME	
STREET ADDRESS	7215 NW 46TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: _____ DATE 04/30/99 305-5942424

CR2E034 (11/98)