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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000028403 N/C 10/15/98		
1. Corporation Name MED PEOPLE CORP.		



Principal Place of Business 9999 Northeast 2nd Avenue Suite 209 Miami Shores, FL 33138	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 3050 Biscayne Blvd.	65-0848240	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 801	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28 Miami, FL	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29 33137	30	US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
The Law Offices of Craig M. Dorne, P.A. 1 SE 3 Ave, #2900 Miami, FL 33131	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	3050 Biscayne Blvd
	83 Suite 801
	84 City Miami FL 85 Zip Code 33137

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 *Craig M. Dorne* **Craig M. Dorne** 1/ /99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director, President; Vice President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Dorne	1.2 NAME	
STREET ADDRESS	3050 Biscayne Blvd, #801	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	1.4 CITY-ST-ZIP	
TITLE	Director, Treasurer, Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vilma D. Quintana	2.2 NAME	
STREET ADDRESS	3050 Biscayne Blvd., #801	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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		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		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: *Vilma D. Quintana* **Vilma D. Quintana, Treasurer** 1/ /99 (305) 576-0002
Signature and typed or printed name of signing officer or director Date Date-time Phone #