

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

Amended

FILED Aug 05 1998 8:00am Secretary of State

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 538747
1. Corporation Name Medco Financial, Inc.

Principal Place of Business: 445 E 25th St, Hialeah, FL 33013
Mailing Address: same

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 1991

2. Principal Place of Business
21 445 E 25th St
22 B
23 Hialeah, FL
24 33013 25 USA

2a. Mailing Address
26 same
27
28
29

4. FEI Number 65-0302518
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Eleanor A. Massing
1080 SW 116 Ave
Pembroke Pines, FL 33025

10. Name and Address of New Registered Agent
81 Name Bryan W. Miller, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 445 E 25th St
83
84 City Hialeah FL 85 Zip Code 33013

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: *[Signature]* Bryan W Miller 7/23/98

12. OFFICERS AND DIRECTORS

TITLE	PIDIFIT	<input type="checkbox"/> DELETE
NAME	Bryan W Miller	
STREET ADDRESS	445 E 25th St	
CITY-ST-ZIP	Hialeah FL 33013	
TITLE	Marlon Rodriguez	<input type="checkbox"/> DELETE
NAME	Marlon Rodriguez	
STREET ADDRESS	445 E 25th St	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	SEE UP	<input type="checkbox"/> DELETE
NAME	Frank Wise	
STREET ADDRESS	445 E 25th St	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Delete Rodriguez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800002608520	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-08/05/98--01099--039	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]* Bryan W Miller 7/23/98

CR2E034 (10/97)