


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 223417 (7)

1. Corporation Name

**CORDIS CORPORATION**

Principal Place of Business

Mailing Address

**14201 NW 60TH AVE  
P.O. BOX 025700  
MIAMI FL 33014**

**14201 NW 60TH AVE  
P.O. BOX 025700  
MIAMI FL 33014**

3. Date Incorporated or Qualified <b>05/07/1959</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-0870525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

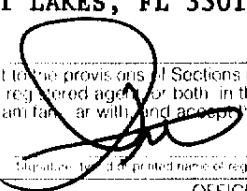
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, ANA MARIA  
14201 NW 60TH AVENUE  
MIAMI LAKES, FL 33014**

81. Name <b>CT CORPORATION SYSTEM</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>
83. City
84. City <b>PLANTATION</b>
85. Zip Code <b>FL 33324</b>

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:  **PETER F. SOUZA** **3/12/97**  
Signature of the registered agent or the registered agent's authorized representative (NOTE: Registered Agent signature required when re-nesting) DATE

**ASSISTANT SECRETARY**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D/VP/AS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ORBAN, JOSEPH S.</b>		1.2 NAME <b>FOWLER, THOMAS</b>	
STREET ADDRESS <b>ONE JOHNSON &amp; JOHNSON PLAZA</b>		1.3 STREET ADDRESS <b>14201 N.W./60 AVENUE</b>	
CITY-STATE-ZIP <b>NEW BRUNSWICK, NJ 08933</b>		1.4 CITY-STATE-ZIP <b>MIAMI LAKES, FL 33014</b>	
TITLE <b>D/VP/AS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLOWAY, PETER S.</b>		2.2 NAME	
STREET ADDRESS <b>ONE JOHNSON &amp; JOHNSON PLAZA</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NEW BRUNSWICK, NJ 08933</b>		2.4 CITY-STATE-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HILTON, JAMES R.</b>		3.2 NAME	
STREET ADDRESS <b>ONE JOHNSON &amp; JOHNSON PLAZA</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NEW BRUNSWICK, NJ 08933</b>		3.4 CITY-STATE-ZIP	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REICHERT, FREDERICK A.</b>		4.2 NAME	
STREET ADDRESS <b>ONE JOHNSON &amp; JOHNSON PLAZA</b>		4.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NEW BRUNSWICK, NJ 08933</b>		4.4 CITY-STATE-ZIP	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRATI, JOSEPH L.</b>		5.2 NAME	
STREET ADDRESS <b>ONE JOHNSON &amp; JOHNSON PLAZA</b>		5.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NEW BRUNSWICK, NJ 08933</b>		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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. I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS FOWLER, VICE PRESIDENT**

Date

Daytime Phone #

**4/3/97**

CR2E034 (9/96)