

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # K16953 (7)

1. Corporation Name

AMEDEX INTERNATIONAL CORPORATION

Principal Place of Business

7001 S W97TH AVE
MIAMI FL 3317
US

Mailing Address

7001 SW 97TH AVE
MIAMI FL 33173
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CARRICARTE, MICHAEL A.
7001 SW 97TH AVE
MIAMI FL 33173

3. Date Incorporated or Qualified

03/04/1988

3a. Date of Last Report

07/25/1995

4. FEI Number

59-2244238

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 607.0502 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 type and print name of officer, director, or authorized agent

Signature type and print name of officer, director, or authorized agent

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

CARRICARTE, MICHAEL A.
7001 SW 97TH AVE
MIAMI FL

DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is truthfully 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 partner 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 additional page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

355 2751450

Date

Daytime Phone #

CR2E034 (12/95)