

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # K74213 (5)

1. Corporation Name
TECHMED, INC.



Principal Place of Business
2630 FOREST HILL BLVD
WEST PALM BEACH FL 33406
US

Mailing Address
2630 FOREST HILL BLVD
WEST PALM BEACH FL 33406
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2620 N. Australian Ave.		26 2620 N. Australian Ave.		03/21/1989	
22 100		27 100		4. FEI Number	
23 W.P.B. FL		28 W.P.B. FL		65-0110452	
24 33407		29 33407		5. Certificate of Status Desired	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	

BATISTA, EDUARDO
505 N COUNTRY CLUB DR
ATLANTIS FL 33462

81 Name BATISTA, EDUARDO.
82 Street Address (P.O. Box Number is Not Acceptable) 4528 WOKKER DRIVE
83
84 City Lake Worth FL 85 Zip Code 33462

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 Eduardo Batista DATE 2/27/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, EDUARDO	1.2 NAME	
STREET ADDRESS	505 N COUNTRY CLUB DR	1.3 STREET ADDRESS	2620 Australian Ave. Suite 100
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	W.P.B. FL 33407
TITLE	VTS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, EDUARDO	2.2 NAME	
STREET ADDRESS	505 N COUNTRY CLUB DR	2.3 STREET ADDRESS	2620 Australian Ave. Suite 100
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	W.P.B. FL 33407
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	800002499088
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/24/98--01019--023
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.

SIGNATURE Eduardo Batista DATE 2/27/98 561-655-1177

CR2E034 (10/97)