FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K85931** **(9)**

1. Corporation Name

PRO MED INC.

Principal Place of Business
20237 NE 16TH PLACE
MIAMI FL 33179

Mailing Address
20237 NE 16TH PLACE
MIAMI FL 33179

3. Date Incorporated or Qualified: **05/05/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 3960 NW 26 Street
22 Suite, Apt. #, etc.
23 City & State: Miami - Fl
24 Zip: 33142
25 Country

2a. Mailing Address
26 3960 NW 26 Street
27 Suite, Apt. #, etc.
28 City & State: Miami Fl
29 Zip: 33142
30 Country

4. FEI Number: **65-0126422** ☐ 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

9. Name and Address of Current Registered Agent

BRYN, USHER
2875 NE 191 ST STE 802
MIAMI FL 33180

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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FRIEDEBERG, HUGO	
STREET ADDRESS	611 LESLIE DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	☐ DELETE
NAME	FRIEDEBERG, AARON MICHAEL	
STREET ADDRESS	16413 NE 33 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	FRIEDEBERG, HUGO	
1.3 STREET ADDRESS	2222 NE 7ST	
1.4 CITY-ST-ZIP	HALLANDALE - FL. 33009	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	FRIEDEBERG, AARON MICHAEL	
2.3 STREET ADDRESS	3787 NE 168TH ST.	
2.4 CITY-ST-ZIP	NMBeach. FL 33160	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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: _____ 30 05 97 12 020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Receipt