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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L32072

(5)

1. Corporation Name
MEDTECHNOLOGY CORPORATION



Principal Place of Business
C/O MARGARITA C. VALDES
89 E. MAIN ST.
HAMPTON GA 30228-2116
US

Mailing Address
C/O MARGARITA C. VALDES
89 E. MAIN STREET
HAMPTON GA 30228-2116
US

3. Date Incorporated or Qualified
11/28/1989

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Succ. Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRILLO, ANA L
2190 SW 16TH STREET
2190 S.W. 16 STREET
MIAMI FL 33145

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 the printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

1.1 TITLE
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

1.2 NAME
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

1.3 STREET ADDRESS
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

1.4 CITY - ST - ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

2.1 TITLE
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

2.2 NAME
[] Change [] Addition

2.3 STREET ADDRESS
[] Change [] Addition

2.4 CITY - ST - ZIP
[] Change [] Addition

3.1 TITLE
[] Change [] Addition

3.2 NAME
[] Change [] Addition

3.3 STREET ADDRESS
[] Change [] Addition

3.4 CITY - ST - ZIP
[] Change [] Addition

4.1 TITLE
[] Change [] Addition

4.2 NAME
[] Change [] Addition

4.3 STREET ADDRESS
[] Change [] Addition

4.4 CITY - ST - ZIP
[] Change [] Addition

5.1 TITLE
[] Change [] Addition

5.2 NAME
[] Change [] Addition

5.3 STREET ADDRESS
[] Change [] Addition

5.4 CITY - ST - ZIP
[] Change [] Addition

6.1 TITLE
[] Change [] Addition

6.2 NAME
[] Change [] Addition

6.3 STREET ADDRESS
[] Change [] Addition

6.4 CITY - ST - ZIP
[] Change [] Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Margarita Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

800-793083

Date

Daytime Phone #

0013402

CR2E034 (9/96)