FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

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

B-467=C

APPROVED AND FILED

95 APR 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93070 (5)

1. Corporation Name

MED-PLUS MARKETING, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD., #108 MIAMI FL 33181	12000 BISCAYNE BLVD., #108 MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 10275 COLLINS AVE
BAL HARBOUR FL 33154

22 Suite, Apt. #, etc.: 1235 S

23 City & State: BAL HARBOUR FL.

24 Zip: 33154

25 Country: U.S.

2a. Mailing Address
26: 10275 COLLINS AVE

27 Suite, Apt. #, etc.: 1235 SOUTH

28 City & State: BAL HARBOUR FL.

29 Zip: 33154

30 Country: U.S.A

4. FEI Number: 65-0210090 ☐ 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

HAVES, EILEEN
12000 BISCAYNE BLVD., #108
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: HAVES EILEEN

82 Street Address (P.O. Box Number is Not Acceptable): 10275 COLLINS AVE #1235 S

83

84 City: BAL HARBOUR FL 85 Zip Code: 33154

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] 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HAVES, EILEEN	12 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. 108	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: [signature] 4/24/95 305-861-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190148 CP