

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

APPROVED,  
AND  
FILED

97 APR 18 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000917**

REHAMED INTERNATIONAL, L.L.C.  
636 SABAL PALM RD  
MIAMI FL 33137

1a. Principal Place of Business Address

636 SABAL PALM RD  
MIAMI FL 33137

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/29/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0714760	
				5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

TANEN, JEFFREY S  
ONE BISCAYNE TOWER SUITE 3250  
TWO S BISCAYNE BLVD  
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CADEN, JOHN	636 SABAL PALM DR	MIAMI FL
MGRM	LEE, ROBERT C	16 CLAYBURGH RD	THORNTON PA

500002150375--S  
-04/22/97--01039--010  
\*\*\*\*203.75 \*\*\*\*203.75

*A. Alan*  
4/18/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #