


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	FILED 98 APR 28 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>REHAMED INTERNATIONAL, L.L.C.</b> <b>636 SABAL PALM RD</b> <b>MIAMI FL 33137</b>		<b>DOCUMENT # L96000000917</b> <div style="text-align: right; font-size: 2em; font-family: cursive;">             98-AR              CM           </div>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address <b>636 SABAL PALM RD</b> <b>MIAMI FL 33137</b>	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>08/29/1996</b> 4. FEI Number <b>65-0714760</b> 5. Date of Last Report <b>04/18/1997</b>	
3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>TANEN, JEFFREY S</b> <b>ONE BISCAYNE TOWER SUITE 3250</b> <b>TWO S BISCAYNE BLVD</b> <b>MIAMI FL 33131</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>700002511097---</b> Suite, Apt. #, etc. <b>-05/05/98--01085--010</b> <b>****188.75 ****188.75</b> City <b>FL</b> Zip Code	
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
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

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: John Caden JOHN CADEN 20 APR 98 305-576-4515

SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #