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Apr 10 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 # P92000005954 (2)
1. Corporation Name
CORDIS DEVELOPMENT CORPORATION



Principal Place of Business
14201 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

Mailing Address
PO BOX 025700
MIAMI FL 33102-5700

3. Date Incorporated or Qualified 11/19/1992
3a. Date of Last Report 04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0372393	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GONZALEZ, ANA MARIA G
14201 NW 60TH AVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name C.T. CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD
83
84 City PLANTATION FL 85 Zip Code 33324

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 the registered agent under the Florida Statutes.

SIGNATURE

PETER F. SOUZA
ASSISTANT SECRETARY

3/12/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOVAK, ALFRED J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVAK, ALFRED J.	1.2 NAME	THOMAS L. FOWLER
STREET ADDRESS	14201 NW 60 AVE	1.3 STREET ADDRESS	14201 N.W. 60 AVENUE
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	DS GONZALEZ, ANA MARIA G <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ANA MARIA G	2.2 NAME	HENRY W. COLLINS
STREET ADDRESS	14201 N.W. 60 AVE.	2.3 STREET ADDRESS	14201 N.W. 60 AVENUE
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	T BARRETT, DIANE M. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETT, DIANE M.	3.2 NAME	PHILIP P. CROWLEY
STREET ADDRESS	14201 NW 60 AVE.	3.3 STREET ADDRESS	14201 N.W. 60 AVENUE
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D STRAUSS, ROBERT C. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSS, ROBERT C.	4.2 NAME	
STREET ADDRESS	14201 NW 60 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

3/10/97

CR2E034 (9/96)