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Apr 23 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 # P93000002530 (2)

1. Corporation Name
WORLD TRIUMPH MEDICAL, INC.

Principal Place of Business

4722 SW 74TH AVENUE
MIAMI FL 33155
US

Mailing Address

4722 SW 74TH AVENUE
MIAMI FL 33155-4417
US



3. Date Incorporated or Qualified
01/12/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0381002

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

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME NELSON FAMADAS
STREET ADDRESS 10368 SW 48TH TERR
CITY-ST-ZIP MIAMI FL 33178

TITLE VD
NAME ROGER DE ARMAS
STREET ADDRESS 10378 SW 48TH TERR
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME ECHEVARRIA, ALEXANDER
STREET ADDRESS 5800 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE D
NAME FAMADAS, NELSON E.
STREET ADDRESS 10368 SW 48 TERR.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CASTANEDA, IVAN
STREET ADDRESS 9787 NW 32 ST.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER
1.2 NAME Williams, Todd
1.3 STREET ADDRESS 4301 32ND ST. W. Suite 66
1.4 CITY-ST-ZIP BRADENTON, FL 34205

2.1 TITLE DIRECTOR
2.2 NAME MURPHY, Mike
2.3 STREET ADDRESS 4301 32ND ST. W. Suite 66
2.4 CITY-ST-ZIP BRADENTON, FL 34205

3.1 TITLE VICE PRES/DIRECTOR
3.2 NAME Williams, Ron
3.3 STREET ADDRESS 4301 32ND ST W Suite 66
3.4 CITY-ST-ZIP BRADENTON, FL 34205

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0210314

CR2E034 (9/96)