

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005716 (4)**

1. Corporation Name  
**IMED, INC.**

Principal Place of Business Mailing Address  
**21035 NE 5 COURT MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/19/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0388806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**MEDGE, INNA**  
**8325-A S.W. 107TH AVE.**  
**MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name **Medge, Inna**

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

83 **21035 NE SCT**

84 City **Miami** FL 85 Zip Code **33173**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>MEDGE, IGOR</b>
STREET ADDRESS <b>8325-A SW 107 AVE</b>	CITY - ST - ZIP <b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>Igor Medge</b>	
13 STREET ADDRESS <b>21035 NE 5 CT</b>	
14 CITY - ST - ZIP <b>Miami FL 33173</b>	

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 110.07(3)(k), 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: Igor Medge 4-28-95 (305) 654-8487