SECOND I	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISS	DISSOLVED ON OR AFTER	AUGUS E TO BE	ST 7, 1	1996. TE: \$375.)					
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPAR Sandra E Secreta	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
		00014809 (6)								
INTERN	NATIONAL MEDICAL DISTR	IIBUTORS INC.				I ICANCAN ME IMARA MRA BOWN COM O	i ni ta nai kaal	OLOGI NOM	1 86 /1 8 16/1 (26)	
Principal Place	of Business	Mailing Address	Mailing Address							
20306 N.W. 36TH AVE. MIAMI FL 33056		20306 N.W. 36TH AVE. MIAMI FL 33056					·r·-			
2. Principal Pla	ace of Business	2a. Mailing Address			····-	3. Date Incorporated or Qualified 02/26/1993 4. FEI Number	3a. Date 07/	31/19	•	
21		26				65-0390637			Not Applicat	ole .
Suite, Apt. #		Suite, Apt #, etc.				5. Certificate of Status Desired		-	Additional Required	
City & State Zip	Country	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	25					8. This corporation has liability for intengible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
RII	LINI, RAFAEL A	TO JOIN TO A JOIN		81	Name	ID. Hame and Address of New Ast	istered Ag	ent		-
	306 N.W. 35TH AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)			-
MI	AMI FL 33056		83							
				84	C.t.					
					City		FL		p Code	i
onice or re	distereo aderii or bom in me state i	OFFIORICA, Such change was at	ithorized	a bu b	named corporation	oration submits this statement for the pu on's board of directors. Thereby accept	rpose of ch the appoint	anging i ment as	ts registered registered	
SIGNATURE _	n familiar with, and accept the obliga	itions of, Section 607.0505, Floi	noa Stat	utes.						
12.	Signature: typed or printed name of registered agen			d Agen	l signature requin	ed when reinstating)	OATE			
TITLE	OFFICERS ANI	DELETE	13. 1.1 T	TLE		ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTO Change	, .,	= R2E034 (3/96)
NAME	BILLINI, RAFAEL A			LAME			L.,	j orlang.	, L Hook	4 (5)
STREET ADDRESS	20306 N.W. 35TH AVE.		135	TREET A	.DDRESS					
CITY-ST-ZIP TITLE	MIAMI FL 33056	DELETE		ITY-ST	- ZIP		·····	05	1 1 1 1 1 1 1 1 1	ૠ
NAME	STD Billini, Elsa M	bearing	211 22 N				لــا	Change	Additio	ın C
STREET ADDRESS	20306 N.W. 35TH AVE.		235	TREET A	DORESS					
CITY-ST-ZIP	MIAMI FL 33056	Doubte .	2 4 CITY		- ZIP					
TITLE NAME	VD Billini, rafael a	DELETE	311 32N			ti		Change	Addition)n
STREET ADDRESS	20308 N.W. 35TH AVE.		3 3 STREE		DDRESS					
CITY-ST-ZIP	MIAMI FL 33056		3.4 CITY		- ZIP					
TITLE NAME		DELETE	4 1 TITLE 4 2 NAME					Change	Additio	ภ
STREET ADDRESS				TREET A	DDRESS					
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TITLE		DELETE	5 1 TITLE					Change	Additio	n
NAME STREET ADDRESS			52N	IAME TREET AI	nnerss					
CITY-ST-ZIP				ITY-ST-						
TITLE	·	DELETE	61 TITLE					Change	Add tio	jū n
NAME STREET ADDRESS			6.2 NAME		pperec					
CITY-ST-ZIP	NEW CY TIO			TREET AI HTY-ST-	į.					
14. I do hereby further cert	r certify that the information supplied ify that the information indicated on t	with this filing is voluntarily furi	nished a	ind do	nes not quali	fy for the exemption stated in Section 11 nd accurate and that my signature shall	9 07(3)(k),	Florida (Statutes I	
made unde that my nar	er oath; that I am an officer or directo me appears in Block 12 or Block 13 if	r of the corporation or the rece changed, of on an attachment	iver or tr with an	ustee	empowered	I to execute this report as required by Ci	napter 617,	Florida	Statutes, and	i
		UMM1								1
SIGNATU	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER C	R DIRECT	OR		7-23-96 (Days	No Ehraco I	(* Z	,
	Kustner	A. Milian								1