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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014809 (6)

INTERNATIONAL MEDICAL DISTRIBUTORS INC.

FILED Apr 23 1997 8:00am Secretary of State



	of Business	Mailing Address			- { 	iil er kii benk boni b			
20306 N.W. 36TI MIAMI FL 33058		20306 N.W. 36TH AVE. MIAMI FL 33056-1750							
					3. Date Incorporated 02/26/1993	or Qualified	3a, Date of 07/29/1		port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number				plied For
<u> </u>		26		·	65-0390637				t Applicab
Suite, Apt. #	t, etc	Suite, Apt. #. etc.		·····	6. Certificate of State	us Desired		B.75 A Fee Re	Additional quired
City & State		City & State			6. Election Campaig Trust Fund Contril	_		5.00 Added to	May Be o Fees
Z ip]	Country	Zιρ	Country		8. This corporation h				199.032,
	25	29	30		Florida Statutes		Yes N		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Addre	ss of New Regi	stered Ager	<u>it</u>	
2030	NI, RAFAEL A 6 N.W. 35TH AVE. II FL 33056		82 83 84		ess (P.O. Box Number is	Not Acceptable	FL 85	i Zip C	Code
IGNATURE 2. ILE	OFFICERS AI PD BILLINI, RAFAEL A	gent and talle if a pleable (NO ND DIRECTORS DELETE	TE: Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature requi	ad when reinstating) ADDITIONS/CHAN	GES TO OFFICE		ECTOR Change	S IN 12
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Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I turner 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 Tapit changed, or on an appachment with an address.

SIGNATURE:

NA FUHE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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