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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P93000038322 (2)

MEDCON V, INC.

Principal Place of Business	Principal	Place	of	Business
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6221 S.W. 27TH ST. MIAMI FL 33155 Mailing Address

6221 S.W. 27TH ST. MIAMI FL 33155



2 %, 15-1					05/27/1993		5/01/1995
2. Principal Plac		2a. Mailing Address		Carl	4, FEI Number		Applied For
	CAMINO REAL	—	HIND	Real	65-0414977		Not Applica
Suite, Apt. #. 2 # B		Suite, Apt. #, etc. 27 # B 41	/		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Oity & State	Mi Fl.	City & State	FI.		6. Election Campaign Financing		\$5.00 May Be
<u> </u>		28 M.AM.,			Trust Fund Contribution		Added to Fees
4] 3314	A3 OSA USA	Zip a 3/43	Coun	lry USA	8. This corporation has liability for		x under s 199.032,
4 55.7	9 Name and Address of Currer	29	30	<u> </u>		es No	
	g, Haine and Address of Conter	it negistered Agent		31 Name	10. Name and Address of New	Hegistered /	Agent
CADALEA	D4134 14		Ľ	Name			
	, RAIZA M		[ē	Street Add	dress (P.O. Box Number is Not Accept	table)	
	V. 27TH ST.		-	33			
MIAMI FL	. 33155		1	,3			
				34 City		FL	85 Zip Code
 Pursuant to or registers 	the provisions of Sections 607.0502	and 607.1508, Florida Statul	tes, the abov	e-named corpo	oration submits this statement for the part of directors. Thereby accept the ap	purpose of cha	nging its registered o
familiar with	i. and accept the obligations of, Sect	tion £07.0505, Florida Statute	S.	irporation's boi	and or directors. Thereby accept the ap	рроинитент as	registereo agent. i ar
SIGNATURE							
	positive, typical or printed as selecting steed agent		OTL Regettered A	garl signaturu reguir	red when reinstating)	DATE	
							DIDECTODE IN 10
		D DIRECTORS	13.		ADDITIONS/CHANGES TO O		
THE	PD	D DIRECTORS DELETE	1, 1 1(1)	j	ADDITIONS/CHANGES TO O		Change Additi
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THEE NAME STHEET ABORESS	PD Caravia, rayza m 6221 s.w. 27th st.		1. 1 TITI 1 2 NAM	EET ADDRESS 7	707 CAHINO R	ea/ #	Change Additi
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14. 1.0 horsely early that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(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 efficient or director of the corporation on 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

17/96 305-595-4001