

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000043700 (2)**

1. Corporation Name

**MEGAMED CORPORATION**



Principal Place of Business

Mailing Address

7432 SW 48TH ST  
MIAMI FL 33155

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MIAMI FL 33155

3. Date Incorporated or Qualified  
**06/18/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0457642**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VELEZ, GREGORY  
7432 SW 48TH ST  
MIAMI FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME **D VELEZ, GREGORY**  
STREET ADDRESS **7432 SW 48TH ST**  
CITY - ST - ZIP **MIAMI FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 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 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gregory Velez*  
**Gregory Velez**

*4/20/96*  
**4/20/96**

*305 6656876*  
**305 6656876**

Date

Daytime Phone #

CR2E034 (12/95)