FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000072060

1. Corporation Name
Medi-Tek - Palms, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
825 South Bayshore Dr. Suite 1650 Miami, FL 33131	825 South Bayshore Dr. Suite 1650 Miami, FL 33131

3. Date Incorporated or Qualified: 10/18/93
3a. Date of Last Report:

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

4. FEI Number: 59-3258435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Mendelson, Victor H. Esq. 3000 Taft Street Hollywood, FL 33021	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 _____ DATE _____
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Paul, Joseph	12 NAME	
STREET ADDRESS	825 S. Bayshore Dr. #1650	13 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131	14 CITY ST ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	Mendelson, Lauraine	22 NAME	
STREET ADDRESS	825 S. Bayshore Dr. #1650	23 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131	24 CITY ST ZIP	
TITLE	DTV	31 TITLE	☐ Change ☐ Addition
NAME	Irwin, Thomas S.	32 NAME	
STREET ADDRESS	3000 Taft Street	33 STREET ADDRESS	
CITY ST ZIP	Hollywood, FL 33021	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	Vetter, Judith	42 NAME	
STREET ADDRESS	825 S. Bayshore Dr. #1650	43 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	Mendelson, Victor	52 NAME	
STREET ADDRESS	825 S. Bayshore Dr. #1650	53 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: _____ VICTOR H. MENDELSON 3/30/95 305 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number