

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005814

1. Corporation Name

MEDEX SALES CORP.

Principal Place of Business

7380 N.W. 77 Court
Miami, FL 33166

Mailing Address

7380 N.W. 77 Court
Miami, FL 33166

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DELGADO, JUAN M.
7380 N.W. 77 Court
Miami, FL 33166

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

Juan M. Delgado

05/28/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D,P,S [] DELETE

NAME DELGADO, JUAN M.
STREET ADDRESS 7380 N.W. 77 Court
CITY-ST-ZIP Miami, FL 33166

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

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TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-ST-ZIP [] Change [] Addition

21 TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-ST-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-ST-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-ST-ZIP [] Change [] Addition

REINSTATEMENT

01/25/94

4. FEI Number

65-0479139

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 owes the current year Intangible
Personal Property Tax. [] Yes [X] No

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, D,P,S

04/15/99

Date

(305) 592-2223

Daytime Phone #

CR2E034 (11/98)