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

APPROVED AND FILED
95 APR -4 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076031 (1)

1. Corporation Name
GOLFMED, INC.

Principal Place of Business
15505 BULL RUN RD.
SUITE 221
MIAMI LAKES FL 33014

Mailing Address
15505 BULL RUN RD.
SUITE 221
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 1523 SW 8 St.
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip
29 33135
Country
30

4. FEI Number — [✓] 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
LAVIN, HERIBERTA
2355 SALXEDO ST.
#308-22
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: MR. WILFREDO BUSTAMANTE
82 Street Address (P.O. Box Number is Not Acceptable): 1523 SW 8 St.
83
84 City: MIAMI FL 85 Zip Code: 33135

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] HERIBERTA LAVIN 3-30-95
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	P
NAME	LAVIN, HERIBERTA
STREET ADDRESS	2355 SALZEDO ST. #308-22
CITY ST ZIP	CORAL GABLES FL 33134
TITLE	S
NAME	DE ARMAS, JOSE
STREET ADDRESS	8601 SW. 40TH ST. #349
CITY ST ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[✓] Change [ ] Addition
1.2 NAME	MR. WILFREDO BUSTAMANTE	
1.3 STREET ADDRESS	1523 SW 8 St.	
1.4 CITY ST ZIP	MIAMI, FL 33135	
2.1 TITLE	SECRETARY	[✓] Change [ ] Addition
2.2 NAME	MR. JUAN RUBI	
2.3 STREET ADDRESS	1523 SW 8 St.	
2.4 CITY ST ZIP	MIAMI, FL 33135	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		[ ] Change [ ] Addition
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 if changed, or on an attachment with an address.

SIGNATURE: WILFREDO BUSTAMANTE [signature] 3-30-95 (305)567-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094427 CP