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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000078532 (6)
1. Corporation Name
BIO-MED SERVICES, INC.

Principal Place of Business
3727 SW 8TH ST. #104
CORAL GABLES FL 33134

Mailing Address
9350 WEST FLAGLER ST.
SUITE 204
MIAMI FL 33174-3427

3. Date Incorporated or Qualified 10/26/1994
3a. Date of Last Report 03/06/1996

| | | | |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 65-0554686 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| JIMENEZ, LILLIAM P 9350 WEST FLAGLER ST. SUITE 204 MIAMI FL 33174 | 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 | PD | 1.1 TITLE | |
| NAME | JIMENEZ, LILLIAM P | 1.2 NAME | |
| STREET ADDRESS | 9350 W. FLAGLER ST. #204 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33174 | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | |
| NAME | FERREIRO, DANNY E | 2.2 NAME | |
| STREET ADDRESS | 8920 SW 4TH ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33174 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | |
| NAME | SAU, NONNE | 3.2 NAME | |
| STREET ADDRESS | 9301 SW 4TH ST. #222 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33174 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

Lillian P. Jimenez 1/28/97 (305) 448-2829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LILLIAM P. JIMENEZ 5/20/97 Daytime Phone #