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PROFIT CORPORATION ANNUAL REPORT **1996**

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

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96 JUL 22 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # P94000082024

1. Corporation Name
Magna Medical, Inc.

Principal Place of Business
7200 N.W. 7th Street
2nd Floor
Miami, FL 33126

Mailing Address
Same

3. Date Incorporated or Qualified: 11/9/94
3a. Date of Last Report: 1995
4. FEI Number: 65-0548090 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

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

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

Norman Leopold, Esquire
Leopold & Leopold, P.A.
20801 Biscayne Blvd., Suite 501
Aventura, FL 33180

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
Director/V.Pres/Treasurer	Gonzalez, Louis O.	7200 N.W. 7th Street, 2nd Flr	Miami, FL 33126	[ ]
Director/	Gonzalez, Iris J.	7200 N.W. 7th Street, 2nd Flr	Miami, FL 33126	[ ]
Director/Secretary	Smith, Leslie Gonzalez	815 N. Red Road, Suite 400	Miami, FL 33126	[ ]
Director/	Ramos, Lisa Gonzalez	815 N. Red Road, Suite 400	Miami, FL 33126	[ ]
Director/	Nunez, Lisette Gonzalez	7200 N.W. 7th Street, 2nd Flr	Miami, FL 33126	[ ]
Director/President	Altman, Alan	7200 N.W. 7th Street, 2nd Flr	Miami, FL 33126	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					[ ]	[ ]
2					[ ]	[ ]
3					[ ]	[ ]
4					[ ]	[ ]
5					[ ]	[ ]
6					[ ]	[ ]

CR2E034 (12/95)

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ______ (305) 261-2211 Daytime Phone #