

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P94000082615 (3)

1. Corporation Name
FIVE MEDICAL, INC.

Principal Place of Business
1065 WEST 88 STREET
SUITE 209
HALEAH FL 33014-4400

Mailing Address
15460 S.W. 82 LANE
#407
MIAMI FL 33183-5006



| | |
|---|--|
| 3. Date Incorporated or Qualified 11/10/1994 | 3a. Date of Last Report 02/13/1996 |
| 4. FEI Number 65-0533727 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | |
|---|---|
| 9. Name and Address of Current Registered Agent CABALLERO, ESTELA I 15460 S.W. 82 LANE #407 MIAMI FL 33193 | 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's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-----------------|
| TITLE | NAME | 1.1 TITLE | Change Addition |
| STREET ADDRESS | 15460 S.W. 82 LANE #407 | 1.2 NAME | |
| CITY-ST-ZIP | MIAMI FL 33193 | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | Change Addition |
| STREET ADDRESS | | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | Change Addition |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | Change Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | Change Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | Change Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 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: Estela Caballero

CR2E034 (9/96)