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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000014516 (5)**

1. Corporation Name

INTERNATIONAL HEALTHCARE STRATEGIES CORP.

Principal Place of Business	Mailing Address
100 SE 2 ST SUITE 2800 MIAMI FL 33131	100 SE 2 ST SUITE 2800 MIAMI FL 33131

3. Date Incorporated or Qualified: **02/20/1995**

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 100 SE 2ND ST
22 Suite, Apt. #, etc.: SUITE 2800
23 City & State: MIAMI FL
24 Zip: 33131
25 Country: USA

2a. Mailing Address
26: 10650 SW 137TH ST
27 Suite, Apt. #, etc.:
28 City & State: MIAMI FL
29 Zip: 3376-6628
30 Country:

4. FEI Number: [X] 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. 199.042, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PROFESSIONAL REGISTERED AGENT CORP.
100 SE 2 ST
SUITE 2800
MIAMI FL 33131

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	DR. JAY YOURIST		1.2 NAME		
STREET ADDRESS	10650 SW 137TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		1.4 CITY-ST-ZIP		
TITLE	SEC/TREASURER	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	MR. MIKE SHAPOW		2.2 NAME		
STREET ADDRESS	100 SE 2ND STREET, #2800		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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: Jay E Yourist JAY YOURIST 8/1/96 305-654-3152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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