## 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

## DOCUMENT # P95000016864 (7)

SOUTHMED INTERNATIONAL, INC.

Principal	Place	of B	usiness

Mailing Address

14991 OW 45TH LAND

14831 SW 45TH LANE

## **FILED** May 13 1997 8:00am Secretary of State



MIAM) FL 3318	85			ķ	MIAMI FL 33185	4326							
										3. Date incorporated or Qualified 02/27/1995		te of Last )1/1996	Report
2. Principal Place of Business				28	2a. Mailing Address				4. FEI Number			oplied For	
21			26	26			<b>65-0561030</b> Not Applic						
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional			
22	_	······		27		·						<u>.</u>	Required
City & Stat	e				City & State					6. Election Campaign Financing		,	May Be
<b>23</b> Zip	<del></del>	Соиг	otru	28	Zip	Т	Cou	ntry		Trust Fund Contribution			to Fees
24	Ì	25	···y	29	1	-	30	ii iii y		8. This corporation has liability for in Florida Statutes		ax under ] No	8. 199.032,
541			ress of Currer		<b>1</b>	L	30 j			10. Name and Address of New Re			
VAR	RGAS, FERN	VANDO						81	Name				
	31 SW 45T							82	Ctrool Ad	dress (P.O. Box Number is Not Acceptab	in)	·	
MIA	MI FL 3318	5						02	Street Au	oress (r.o. box nomber is not Acceptat.	ne)		
•								83					
								84	City			or Zin	Code
								07	City		FL	<b>85</b> Zip	0000
11. Pursuant office or r agent. I a	to the provisi registered ag ım familiar wi	ions of So ont, or bo th, and a	ctions 607.050 oth, in the State ocept the oblig	2 and of Flor ations (	607.1508, Flori rida Such char of, Section 607	da Statute ige was au .0505, Flor	s, the ab uthorized ida Stal	oove d by ules	-named co the corpor	rporation submits this statement for the patien's board of directors. I hereby accept	urpose of of the appo	changing bintment a	lts registered s registered
SIGNATURE	Signature, typed	or printed na	me of registered age	en and till	lie II applicable.	(NO16:	Registered	d Age	nt signature req	uired when roinstating)	DATE		
12.			OFFICERS AN	D DIRE	CTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	D					ELETE	1.1 TI	ILE				Change	Addition
NAME	VARGAS,						1.2 NA	ME					
STREET ADDRESS	14858 SV		LANE				1.3 ST	REE1	ADDRESS				
CITY-ST-ZIP	MIAMI FL	. 33185					1.4 CI		1 - ZIP				
TITLE	D Vargas,	CNDIA	IC C		□ D	FLETE	2.1 11					Change	Addition
NAME	14858 SV						2.2 NA						
STREET ADDRESS	MIAMI FL		LANC						ADDRESS				
CITY-ST-ZIP TITLE	D	. 00100	<del> </del>	~~ ~~~~		ELE 1E	2.4 C 3.1 TI		17 - Z)P			Change	Addition
NAME	VARGAS,	JOSE 0	3		۰ ت	LCC IC	3.2 NA				,	Unange	L Yoursell
STREET ADDRESS	14858 8								ADDRESS				
CITY-ST-ZIP	MIAMI FL						3.3 St						
TITLE					D	ELETE	4110		4-11			Change	Addition
NAME							4 2 N				,	_ 0-	
STREET ADDRESS							1		ADDRESS				
CITY-ST-ZIP							4.4 Cr	TY-S!	r- <b>7</b> 0P				
TITLE					□D	ELETE	51111	LF				Change	Addition
NAME							52 NA	ME					
STREET ADDRESS							5.3 ST	REFT	ADDRESS				
CITY-ST-ZIP							5.4 CF	TY-\$1	r-7IP				
TITLE					□ D	ELETE	6.1 717	Lf				Change	Addition
NAME							6 2 NA	MÉ					
STREET ADDRESS							6.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP							6.4 CI	TY-\$1	r- 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 in address.