SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

(1)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 NOV 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029225 (6)

1. Corporation Name
ARIAD MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
~~551 E. 44TH STREET~~ ~~HIALEAH FL 33013~~	~~551 E. 44TH STREET~~ ~~HIALEAH FL 33013~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7935 NW 2ND STREET	2a. Mailing Address 26 7935 NW 2D STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33126 / 25 DADE	Zip / Country 29 33126 / 30 DADE

3. Date Incorporated or Qualified: 04/13/1995
3a. Date of Last Report: 03/04/1996
4. FEI Number: 65-0572889 [ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SOTO, LILIAM
~~551 E. 44TH STREET~~
~~HIALEAH FL 33013~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7935 NW 2ND STREET
83
84 City: MIAMI FL 85 Zip Code: 33126

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[X] Change [ ] Addition
NAME	SOTO, LILIAM		1.2 NAME	
STREET ADDRESS	~~551 E. 44TH STREET~~		1.3 STREET ADDRESS	7935 NW 2D STREET
CITY-ST-ZIP	~~HIALEAH FL 33013~~		1.4 CITY-ST-ZIP	MIAMI FLORIDA 33126
TITLE	VP	[ ] DELETE	2.1 TITLE	[X] Change [ ] Addition
NAME	GONZALEZ, RAUL R.		2.2 NAME	
STREET ADDRESS	~~551 E 44TH ST~~		2.3 STREET ADDRESS	7935 NW 2D STREET
CITY-ST-ZIP	~~HIALEAH FL~~		2.4 CITY-ST-ZIP	MIAMI FLORIDA 33126
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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-11/18/97--01085--004
****165.00 ****165.00

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.

11/12/97

CR2E034 (4/97)

(2)

ARIAD MEDICAL SUPPLIES, INC.
7935 NW 2nd STREET
MIAMI, FLORIDA 33126

Tel: (305) 821-6582 Fax: (305) 821-9597

October 7, 1997

Florida Department of State
Division of Corporations
ATTN: ANNUAL REPORTS SECTION
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find payment of $ 165.00 to reinstate our corporation.

Due to a change of address, we never received the first notice. We ask that you please waive this late fee of $550.00 due to this error.

If you should have any questions, please contact our office.

Thank You.
ARIAD MEDICAL SUPPLIES, INC.

Liliam Soto
President

Encls: 1997 Profit Corporation Annual Report
Payment fee of $165.00