


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																							
DOCUMENT # P95000029225 (6) 1. Corporation Name ARIAD MEDICAL SUPPLIES, INC.																									
Principal Place of Business 7005 N.W. 2ND STREET MIAMI FL 33126		Mailing Address 7005 N.W. 2ND STREET MIAMI FL 33126																							
2. Principal Place of Business 21 3900 NW 79th AVE Suite, Apt. #, etc. 22 SUITE 502 City & State 23 MIAMI FLORIDA Zip 24 33166 Country 25 USA		2a. Mailing Address 26 3900 NW 79th AVE Suite, Apt. #, etc. 27 SUITE 502 City & State 28 MIAMI FLORIDA Zip 29 33166 Country 30 USA																							
3. Name and Address of Current Registered Agent 6070, LILIAM 7005 N.W. 2ND STREET MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name CELICE TREHNS 82 Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th AVE STE 502 83 SUITE 502 84 City MIAMI FL FL 85 Zip Code 33166																							
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 <i>[Signature]</i> DATE 4/30/98																									
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE PD NAME 6070, LILIAM STREET ADDRESS 7005 N.W. 2ND STREET CITY-ST-ZIP MIAMI FL 33126 </td> <td style="width: 50%; text-align: center;"> <input checked="" type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE VP NAME GONZALEZ, PAUL R. STREET ADDRESS 7005 N.W. 2ND STREET CITY-ST-ZIP MIAMI FL 33126 </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: center;"> <input type="checkbox"/> DELETE </td> </tr> </table>		TITLE PD NAME 6070, LILIAM STREET ADDRESS 7005 N.W. 2ND STREET CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> DELETE	TITLE VP NAME GONZALEZ, PAUL R. STREET ADDRESS 7005 N.W. 2ND STREET CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> <td style="width: 50%;"> PD / SECRETARY TREHNS, CELICE 3900 NW 79th AVE STE 502 MIAMI FLORIDA 33166 </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD / SECRETARY TREHNS, CELICE 3900 NW 79th AVE STE 502 MIAMI FLORIDA 33166	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1995	
4. FEI Number 65-0572889	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I 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: *[Signature]* **4/30/98**

CR2E034 (10/97)