

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

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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043385 (0)

1. Corporation Name
MEDCAP FINANCIAL CORP.

Principal Place of Business Mailing Address
201 ALHAMBRA CIRCLE, SUITE 1200 201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134 CORAL GABLES FL 33134
7150 W. 20 Ave., Ste. 302 7150 W. 20 Ave., Ste. 302
Hialeah, Fl. 33016 Hialeah, Fl. 33016

3. Date Incorporated or Qualified 06/02/1995 3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address
21 7150 W. 20 Ave. 26 7150 W. 20 Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 302 27 Suite 302
City & State City & State
23 Hialeah, Fl. 33016 28 Hialeah, Fl. 33016
Zip Country Zip Country
24 25 29 30

4. FEI Number 65-0599506 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BERGER, PAUL S EPSTEIN, RONALD
SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRI
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 9003 S. W. 62nd Terrace
84 City Miami FL 85 Zip Code 33173

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] DATE 5/12/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WEISS, RICHARD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, RICHARD	1.2 NAME	Koche, Henry S.
STREET ADDRESS	9050 S.W. 69 COURT	1.3 STREET ADDRESS	1477 Lantana Court
CITY-ST-ZIP	MIAMI FL 33158	1.4 CITY-ST-ZIP	Weston, Fl. 33326
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, PAUL S	2.2 NAME	Kalus, Elliot
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 1200	2.3 STREET ADDRESS	20500 W. Country Club Drive
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Miami, Fl. 33180
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, RONALD	3.2 NAME	
STREET ADDRESS	9003 S.W. 62ND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 [Signature] Ronald Epstein, Pres. 04/17/97 305-558-7250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)