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PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000046122 (4)**

1. Corporation Name
BEDVEK, INC.



Principal Place of Business
**6620 S.W. 92ND STREET
MIAMI FL 33158**

Mailing Address
**6620 S.W. 92ND STREET
MIAMI FL 33156-1838**

3. Date Incorporated or Qualified **06/08/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **APPLIED FOR** Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, KEVIN
6620 S.W. 92ND STREET
MIAMI FL 33158**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **FOX, KEVIN**
STREET ADDRESS **6620 S.W. 92ND STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

400002229204--5
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*****165.00 ***165.00**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 any attachment with an address.

CR2E034 (9/96)

(Handwritten signature)

PP5000046122 (2)

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN
OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
BEDVEK, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
2500 S.W. 75 AVE

5a Address of business (See instructions.)

4b City, state, and ZIP code
MIAMI FL 33155

5b City, state, and ZIP code

6 County and state where principal business is located
DADE CO. FL

7- Name of principal officer, grantor, or general partner (See instructions.) ▶ **KEVIN FOX**

8a Type of entity (Check only one box.) (See instructions.)

Individual SSN _____

REMIC

State/local government

Other nonprofit organization (specify) _____

Other (specify) ▶ _____

Estate

Plan administrator SSN _____

Other corporation (specify) **HEALTHCARE**

Federal government/military

Church or church controlled organization

Trust

Partnership

Farmers' cooperative

If nonprofit organization enter GEN (if applicable) _____

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country **N/A** State **FL**

9 Reason for applying (Check only one box.)

Started new business

Hired employees

Created a pension plan (specify type) ▶ _____

Banking purpose (specify) ▶ _____

Changed type of organization (specify) ▶ _____

Purchased going business

Created a trust (specify) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.) **5-1-97**

11 Enter closing month of accounting year. (See instructions.) **DEC.**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **MEDICAL SERVICES**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Public (retail) Other (specify) ▶ _____ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ _____ Trade name ▶ _____

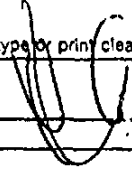
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **KEVIN FOX**

Telephone number (include area code)
FAX# (305) 264-5252
(305) 264-5252

Signature ▶  Date ▶ **5-22-97**

Please leave blank ▶ Geo. Ind. Class Size Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 1545-0003 Form **SS-4** (Rev. 4-91)