

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000051999 (7)**

1. Corporation Name

**MEDICAL TRADING SERVICES INC.**



Principal Place of Business

Mailing Address

~~169 EAST FLAGLER ST.~~  
~~SUITE 1527~~  
~~MIAMI FL 33131~~

~~169 EAST FLAGLER ST.~~  
~~SUITE 1527~~  
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified **07/05/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **4410 N. STATE RD. 7** Suite, Apt. #, etc.  
22 **SUITE 121** City & State  
23 **LAUDERDALE LAKES, FL** Zip 24 **33319** Country 25

2a. Mailing Address  
26 **4410 N. STATE RD. 7** Suite, Apt. #, etc.  
27 **SUITE 121** City & State  
28 **LAUDERDALE LAKES, FL** Zip 29 **33319** Country 30

4. FEI Number **65-0601230** 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 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

~~SANDS, H B~~  
~~169 E FLAGLER ST.~~  
~~#1527~~  
~~MIAMI FL 33131~~

81 Name **DISNEY D. THOMPSON**  
82 Street Address (P.O. Box Number is Not Acceptable) **169 E. FLAGLER ST.**  
83 **SUITE 1527**  
84 City **MIAMI, FL** 85 Zip Code **33131**

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 officer 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

*Disney D. Thompson*

**DISNEY D. THOMPSON**

**4/25/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEOFROY, DAVID R</b>	
STREET ADDRESS	<b>169 EAST FLAGLER ST. SUITE 1527</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE GEOFROY, MIRTA C</b>	
STREET ADDRESS	<b>169 EAST FLAGLER ST. SUITE 1527</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, JUAN J</b>	
STREET ADDRESS	<b>169 EAST FLAGLER ST. SUITE 1527</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<del>SMITH ROSARIO G</del>	
STREET ADDRESS	<del>169 EAST FLAGLER ST. SUITE 1527</del>	
CITY - ST - ZIP	<del>MIAMI FL 33131</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D ROSARIO GEOFROY-SMITH</b>
4.3 STREET ADDRESS	<b>169 E. FLAGLER ST. STE. 1527</b>
4.4 CITY - ST - ZIP	<b>MIAMI, FLORIDA 33131</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David R. Geofroy*

**DAVID R. GEOFROY**

**4/25/96**

**(954) 539-0522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)