


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

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May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000069464 (2)</b> 1. Corporation Name <b>J. ROSEN AND CO./MEDGEAR, INC.</b>			
Principal Place of Business <b>6425 COWPEN ROAD</b> <b>#P111</b> <b>MIAMI LAKES FL 33014</b>		Mailing Address <b>6425 COWPEN ROAD</b> <b>#P111</b> <b>MIAMI LAKES FL 33014-6658</b>	
2. Principal Place of Business 21 <b>6425 Cowpen Road</b> Suite, Apt. #, etc. 22 <b>P110</b> City & State 23 <b>MIAMI LAKES FL</b> Zip 24 <b>33014</b>		2a. Mailing Address 26 <b>6425 Cowpen Road</b> Suite, Apt. #, etc. 27 <b>P110</b> City & State 28 <b>MIAMI LAKES FL</b> Zip 29 <b>33014</b>	
3. Date Incorporated or Qualified <b>09/08/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0611416</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HARRIS, JAMES C</b> <b>6425 COWPEN ROAD</b> <b>#P111</b> <b>MIAMI LAKES FL 33014</b>		10. Name and Address of New Registered Agent B1 Name <b>HARRIS JAMES C</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>6425 Cowpen Road</b> B3 <b>P110</b> B4 City <b>MIAMI LAKES FL</b> B5 Zip Code <b>33014</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE <input type="checkbox"/> DELETE <b>P</b> 2. NAME <b>MORRIS, JAMES</b> 3. STREET ADDRESS <b>6425 COWPEN ROAD, #P111</b> 4. CITY-ST-ZIP <b>MIAMI LAKES FL</b>		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> 1.2 NAME <b>HARRIS JAMES C</b> 1.3 STREET ADDRESS <b>6425 Cowpen Road #P110</b> 1.4 CITY-ST-ZIP <b>MIAMI LAKES FL 33014</b>	
5. TITLE <input type="checkbox"/> DELETE <b>ST</b> 6. NAME <b>MORRIS, SHAYNE</b> 7. STREET ADDRESS <b>6425 COWPEN ROAD, #P111</b> 8. CITY-ST-ZIP <b>MIAMI LAKES FL</b>		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b> 2.2 NAME <b>HARRIS SHAYNA</b> 2.3 STREET ADDRESS <b>6425 Cowpen Road #P110</b> 2.4 CITY-ST-ZIP <b>MIAMI LAKES FL 33014</b>	
9. TITLE <input type="checkbox"/> DELETE 10. NAME 11. STREET ADDRESS 12. 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	
13. TITLE <input type="checkbox"/> DELETE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
17. TITLE <input type="checkbox"/> DELETE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. 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 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]* **SHAYNA HARRIS** 4-23-97 305-820-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)