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May 09 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 # P95000077412 (1)

1. Corporation Name
MEDXIM INTERNATIONAL INC.

Principal Place of Business
2335 N.W. 107 AVENUE, BOX 51
MIAMI FL 33172

Mailing Address
2335 N.W. 107 AVENUE, BOX 51
MIAMI FL 33172-2185



3. Date Incorporated or Qualified 10/10/1995
3a. Date of Last Report 06/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0636252	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PEREZ, RAFAEL A
2250 S.W. THIRD AVENUE #205
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name FRANCISCO TRESPALACIOS
82 Street Address (P.O. Box Number is Not Acceptable) 4201 COLLING AVE. #1502
83
84 City MIAMI BEACH FL 85 Zip Code 33140

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 *F. Trespalacios, President* DATE 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TRESPALACIOS, FRANCISCO	1.1 TITLE	
NAME	2335 N.W. 107 AVENUE, BOX 51	1.2 NAME	
STREET ADDRESS	MIAMI FL 33172	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D TRESPALACIOS, AURORA R	2.1 TITLE	
NAME	2335 N.W. 107 AVENUE, BOX 51	2.2 NAME	
STREET ADDRESS	MIAMI FL 33172	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RAUFF, ALF R	3.1 TITLE	
NAME	2335 N.W. 107 AVENUE, BOX 51	3.2 NAME	
STREET ADDRESS	MIAMI FL 33172	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Aurora R. Trespalacios* (SECRETARY) DATE 4-28-97 (305) 593-0440

CR2E034 (9/96)