


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

FILED
Apr 24 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 # P95000080588 (3)					
1. Corporation Name M&J MEDICAL RESEARCH CENTER, INC.					
Principal Place of Business 7229-A S.W. 24 STREET MIAMI FL 33141			Mailing Address 7229-A S.W. 24 STREET MIAMI FL 33155-1401		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip		28	Zip	
24	Country		29	Country	
9. Name and Address of Current Registered Agent MARTINEZ, JOSE 9115 N.W. 113 ST HIALEAH GARDENS FL 33016			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
DATE: 4/17/97					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	MARTINEZ, JOSE				
STREET ADDRESS	9115 N.W. 113 ST				
CITY-ST-ZIP	HIALEAH GARDENS FL 33016				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	JARAMILLO, CARLOS A				
STREET ADDRESS	6965 HARDING AVE #301				
CITY-ST-ZIP	MIAMI BEACH FL 33141				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	LOPEZ, JAQUELINE R				
STREET ADDRESS	3021 S.W. 77 COURT				
CITY-ST-ZIP	MIAMI FL 33155				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 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					
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: <i>[Signature]</i> REQUIRED					
DATE: 4/17/97 (305) 266-4004					



CR2E034 (9/96)