

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000081159 (2)

1. Corporation Name
MDME, INC.



Principal Place of Business

4135 LAGUNA STREET
SUITE C
CORAL GABLES FL 33146

Mailing Address

4135 LAGUNA STREET
SUITE C
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

RAMIREZ, LUIS M
4135 LAGUNA STREET
SUITE C
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

10/15/1995

3a. Date of Last Report

4. FEI Number

65-0612421

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0612 and 607.1504, 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, s. 607.0612, Florida Statutes.

SIGNATURE *Luis M Ramirez*

DATE *3/28/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

12	13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP

President / Director
Luis M. Ramirez
4135 Laguna St., Suite C
Coral Gables, Fl 33146

SIGNATURE: *Luis M Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/28/96* (305) 447-4118

CR2E034 (12/95)