

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

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Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2520 S.W. 22nd St. 22 Suite, Apt. #, etc. #234 23 City & State Miami, FL 24 Zip 33145 25 Country USA		2a. Mailing Address 26 2520 S.W. 22nd St. 27 Suite, Apt. #, etc. #234 28 City & State Miami, FL 29 Zip 33145 30 Country USA		3. Date Incorporated or Qualified 10/15/1995	4. FEI Number 65-0612421	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent RAMIREZ, LUIS M 4135 LAGUNA STREET SUITE C CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name Ramirez, Luis M. 82 Street Address (P.O. Box Number is Not Acceptable) 2520 S.W. 22nd St. 83 Suite 234 84 City Miami FL 85 Zip Code 33145			
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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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RAMIREZ, LUIS M.	1.2 NAME	Ramirez, Luis M.
STREET ADDRESS	4135 LAGUNA STREET SUITE C	1.3 STREET ADDRESS	2520 S.W. 22nd St.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, FL 33145
TITLE		2.1 TITLE	Director
NAME		2.2 NAME	Daniel A. Gonzalez
STREET ADDRESS		2.3 STREET ADDRESS	Paseo #22
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Yauco, PR 00698
TITLE		3.1 TITLE	Director
NAME		3.2 NAME	Kermith C. Santiago
STREET ADDRESS		3.3 STREET ADDRESS	Paseo #22
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Yauco, PR 00698
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Fernando Rodriguez Gutierrez
STREET ADDRESS		4.3 STREET ADDRESS	Paseo #22
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Yauco, PR 00698
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 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:

*Luis M. Ramirez*

3/26/98 (305)447-4180

CR2E034 (10/97)