

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000084298 (5)

1. Corporation Name

MARLIN MEDICAL DISTRIBUTORS, INC.



Principal Place of Business: 7311 NORTHWEST 12 STREET, SUITE 21 MIAMI FL 33126
Mailing Address: 7311 NORTHWEST 12 STREET, SUITE 21 MIAMI FL 33126

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0635619
Applied For: [Blank] / Not Applicable: [Blank]
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: [x] Yes [] No

2. Principal Place of Business: 21 [Blank]
2a. Mailing Address: 26 [Blank]
Suite, Apt. #, etc.: 22 [Blank]
City & State: 27 [Blank]
Zip: 23 [Blank] Country: 28 [Blank]
Zip: 24 [Blank] Country: 25 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent: MEJER, ALVARO L ESQ. 2600 DOUGLAS ROAD, SUITE 1111 CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] FL 85 Zip Code: [Blank]

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] Special Taxpayer Identification Number: [Blank] (Will Registered Agent sign with respect to this filing) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[] Change [] Addition
NAME	MEJER, LUIS E JR.	1.2 NAME	[] Change [] Addition
STREET ADDRESS	7311 NORTHWEST 12 STREET, SUITE 21	1.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME	[] DELETE	2.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	2.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	2.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	6.4 CITY-ST-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Blank] 4-29-96 305(610-9866)

CR2E034 (12/95)