

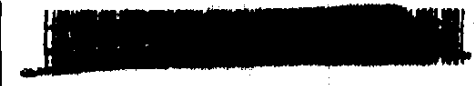
May 13 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Morthern Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000090007 (2)
 1. Corporation Name
TOP-MED INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business 16 BRIAN R. HERSH 19 WEST FLAGLER ST. SUITE 602 MIAMI FL 33130	Mailing Address 16 BRIAN R. HERSH 19 WEST FLAGLER ST., SUITE 602 MIAMI FL 33130-4477
--	--



2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2a. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country

3. Date incorporated or Qualified 11/27/1995	3a. Date of Last Report 01/23/1996
4. FEI Number 65-0630013	Applied For <input type="checkbox"/> 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
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**HERSH, BRIAN R
SUITE 602, BISCAYNE BUILDING
19 WEST FLAGLER STREET
MIAMI FL 33130**

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. For each of the provisions of Sections 607.05(2)(b) and 607.05(2)(c) Florida Statutes, the above-named corporation submits the 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 and intend to file and accept the completion of Section 607.0502, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME CHAUSER, ANDREW	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1600 NORTH BAY ROAD	CITY-STATE-ZIP N. MIAMI BEACH FL 33180	12. NAME	
TITLE VP	NAME RYDSTROM, INGEMAR A	13. STREET ADDRESS	
STREET ADDRESS 5101 COLLINS AVE., PENTHOUSE 3	CITY-STATE-ZIP MIAMI BEACH FL 33140	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME MATTYASHU, RUTH	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 210 174TH STREET, APARTMENT 2018	CITY-STATE-ZIP N. MIAMI BEACH FL 33180	16. NAME	
TITLE	NAME	17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	18. CITY-STATE-ZIP	
TITLE	NAME	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	20. NAME	
TITLE	NAME	21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	22. CITY-STATE-ZIP	
TITLE	NAME	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	24. NAME	
TITLE	NAME	25. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	26. CITY-STATE-ZIP	

500002189345
-05/23/97--01009--042
*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b) 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 authorized 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: *X [Signature]* **X 21-89 X 97**

05
5/13/97