

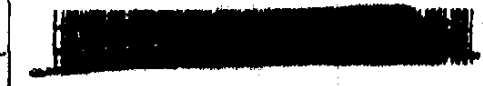
May 13 1997 8:00am
Secretary of State

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
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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
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	24. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip
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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	

8. 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 Applicable)
 83.
 84. City **FL** 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		12. NAME	
CITY-STATE-ZIP N. MIAMI BEACH FL 33180		13. STREET ADDRESS	
TITLE VP	NAME RYDSTROM, INGEMAR A	14. CITY-STATE-ZIP PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5101 COLLINS AVE., PENTHOUSE 3		15. NAME	
CITY-STATE-ZIP MIAMI BEACH FL 33140		16. STREET ADDRESS	
TITLE VP	NAME MATTYASHU, RUTH	17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 210 174TH STREET, APARTMENT 2018		18. NAME	
CITY-STATE-ZIP N. MIAMI BEACH FL 33180		19. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21. TITLE	
STREET ADDRESS		22. NAME	
CITY-STATE-ZIP		23. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25. TITLE	
STREET ADDRESS		26. NAME	
CITY-STATE-ZIP		27. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		28. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29. TITLE	
STREET ADDRESS		30. NAME	
CITY-STATE-ZIP		31. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		32. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		33. TITLE	
STREET ADDRESS		34. NAME	
CITY-STATE-ZIP		35. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		36. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		37. TITLE	
STREET ADDRESS		38. NAME	
CITY-STATE-ZIP		39. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		40. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41. TITLE	
STREET ADDRESS		42. NAME	
CITY-STATE-ZIP		43. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		45. TITLE	
STREET ADDRESS		46. NAME	
CITY-STATE-ZIP		47. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		48. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		49. TITLE	
STREET ADDRESS		50. NAME	
CITY-STATE-ZIP		51. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		52. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		53. TITLE	
STREET ADDRESS		54. NAME	
CITY-STATE-ZIP		55. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		56. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		57. TITLE	
STREET ADDRESS		58. NAME	
CITY-STATE-ZIP		59. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		60. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61. TITLE	
STREET ADDRESS		62. NAME	
CITY-STATE-ZIP		63. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		65. TITLE	
STREET ADDRESS		66. NAME	
CITY-STATE-ZIP		67. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		68. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		69. TITLE	
STREET ADDRESS		70. NAME	
CITY-STATE-ZIP		71. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		72. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		73. TITLE	
STREET ADDRESS		74. NAME	
CITY-STATE-ZIP		75. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		76. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		77. TITLE	
STREET ADDRESS		78. NAME	
CITY-STATE-ZIP		79. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		80. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		81. TITLE	
STREET ADDRESS		82. NAME	
CITY-STATE-ZIP		83. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		84. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		85. TITLE	
STREET ADDRESS		86. NAME	
CITY-STATE-ZIP		87. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		88. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		89. TITLE	
STREET ADDRESS		90. NAME	
CITY-STATE-ZIP		91. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		92. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		93. TITLE	
STREET ADDRESS		94. NAME	
CITY-STATE-ZIP		95. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		96. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		97. TITLE	
STREET ADDRESS		98. NAME	
CITY-STATE-ZIP		99. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		100. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****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**

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5/13/97