

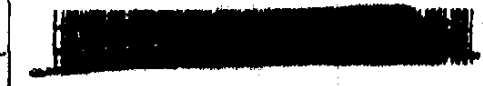
May 13 1997 8:00am  
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Morthern</b> 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 <b>16 BRIAN R. HERSH 19 WEST FLAGLER ST. SUITE 602 MIAMI FL 33130</b>	Mailing Address <b>16 BRIAN R. HERSH 19 WEST FLAGLER ST., SUITE 602 MIAMI FL 33130-4477</b>
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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 <b>11/27/1995</b>	3a. Date of Last Report <b>01/23/1996</b>
4. FEI Number <b>65-0630013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>PO</b>	NAME <b>CHAUSER, ANDREW</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1600 NORTH BAY ROAD</b>	CITY-STATE-ZIP <b>N. MIAMI BEACH FL 33180</b>	12. NAME	
TITLE <b>VP</b>	NAME <b>RYDSTROM, INGEMAR A</b>	13. STREET ADDRESS	
STREET ADDRESS <b>5101 COLLINS AVE., PENTHOUSE 3</b>	CITY-STATE-ZIP <b>MIAMI BEACH FL 33140</b>	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>MATTYASHU, RUTH</b>	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>210 174TH STREET, APARTMENT 2018</b>	CITY-STATE-ZIP <b>N. MIAMI BEACH FL 33180</b>	16. NAME	
TITLE	NAME	17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	18. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **01-29 X 97**

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5/13/97