

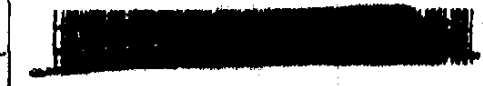
May 13 1997 8:00am  
Secretary of State

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	2b. City & State
23. Zip	2c. Country

3. Date incorporated or Qualified 11/27/1995	3a. Date of Last Report 01/23/1996
4. FEI Number 65-0630013	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
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 STREET ADDRESS 1600 NORTH BAY ROAD CITY-STATE-ZIP N. MIAMI BEACH FL 33180	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE -VP- NAME RYDSTROM, INGEMAR A STREET ADDRESS 5101 COLLINS AVE., PENTHOUSE 3 CITY-STATE-ZIP MIAMI BEACH FL 33140	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE -VP NAME MATTYASHU, RUTH STREET ADDRESS 210 174TH STREET, APARTMENT 2018 CITY-STATE-ZIP N. MIAMI BEACH FL 33180	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE: 05-29-97

05  
5/13/97