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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000025620 (1)**

1. Corporation Name
MULTIMED GROUP, INC.

Principal Place of Business	Mailing Address
1611 NE 8TH ST HOMESTEAD FL	1611 NE 8TH ST HOMESTEAD FL 33033-4603

3. Date Incorporated or Qualified: 03/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 15805 W. PRESWICK PL
Suite, Apt. #, etc.
27:
City & State
28: MIAMI LAKES FL
Zip 29: 33014 Country 30: DADE

4. FEI Number: 650659023 ☐ Applied For ☐ Not Applicable

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DINER, MANUEL
141 NE 3RD AVE
SUITE 601
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: PRIETO MIRIAM.
82 Street Address (P.O. Box Number is Not Acceptable): 15805 W. PRESTWICK PL
83:
84 City: MIAMI LAKES - FL 85 Zip Code: 33014

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: MIRIAM PRIETO — 1-20/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	SANCHEZ, WILFREDO		1.2 NAME	WILFREDO SANCHEZ	
STREET ADDRESS	8751 SW 56TH ST		1.3 STREET ADDRESS	8751 SW. 56th ST	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP	MIAMI-FL. 33165	
TITLE	D	☐ DELETE	2.1 TITLE	VICE-PRES	☐ Change ☐ Addition
NAME	ARANA, SUELENA M		2.2 NAME	ARANA SUELENA M	
STREET ADDRESS	20215 SW 180TH AVE		2.3 STREET ADDRESS	20215 SW. 180TH AVE	
CITY-ST-ZIP	MIAMI FL 33187		2.4 CITY-ST-ZIP	MIAMI-FL-33187	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ROSA M		3.2 NAME		
STREET ADDRESS	10530 NW 51ST ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		3.4 CITY-ST-ZIP		
TITLE	FRESCO CIRA	☐ DELETE	4.1 TITLE	VICE-PRESS	☐ Change ☒ Addition
NAME			4.2 NAME	FRESCO CIRA	
STREET ADDRESS	3205 SW. 106th AVE		4.3 STREET ADDRESS	3205 SW. 106th AVE.	
CITY-ST-ZIP	MIAMI-FL. 33165		4.4 CITY-ST-ZIP	MIAMI-FL. 33165	
TITLE	PRIETO MIRIAM	☐ DELETE	5.1 TITLE	SEC-TREASURER	☐ Change ☒ Addition
NAME			5.2 NAME	ARELLANO JESUSA	
STREET ADDRESS	15805 W. PRESTWICK PL		5.3 STREET ADDRESS	15805 W. PRESTWICK PL	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		5.4 CITY-ST-ZIP	MIAMI LAKES-FL 33014	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jesusa R. Arellano JESUSA R. ARELLANO P.P. 1-20-97 (305) 557-3920