

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000036088 (8)
 1. Corporation Name
ASM MEDICAL ENTERPRISES, INC.



Principal Place of Business 10940 SW 52 TERR MIAMI FL 33165 US	Mailing Address 10940 SW 52 TERR MIAMI FL 33165 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>Same as above</i>	2a. Mailing Address 26 <i>Same as above</i>	3. Date Incorporated or Qualified 04/22/1996	4. FEI Number 65-0690206	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 City & State	28 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent SUAREZ, CARMEN 9823 COSTA DEL SOL BLVD MIAMI FL 33178 9825.	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	85 Zip Code

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: *Joe J. Suarez* (President) DATE: 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DELETED	1.1 TITLE P. JOSE J. SUAREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUAREZ, JOSE J		1.2 NAME JOSE J. SUAREZ	
STREET ADDRESS 9823 COSTA DEL SOL BLVD		1.3 STREET ADDRESS 10340 SW 52 TERR.	
CITY-ST-ZIP MIAMI FL 33178		1.4 CITY-ST-ZIP MIAMI FL 33165.	
TITLE ST	DELETED	2.1 TITLE ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUAREZ, CARMEN		2.2 NAME CARMEN. SUAREZ	
STREET ADDRESS 9823 COSTA DEL SOL BLVD (9825)		2.3 STREET ADDRESS 9825 Costa del Sol Blvd	
CITY-ST-ZIP MIAMI FL 33178		2.4 CITY-ST-ZIP Miami Fla 33178	
TITLE	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Joe J. Suarez* (President) 4/28/98 305-995-0547.

CR2E034 (10/97)