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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044364 (3)

1. Corporation Name
MEDICAL REMEDIES, INC.

Principal Place of Business
12550 BISCAYNE BLVD. STE 305
NO MIAMI FL 33181

Mailing Address
12550 BISCAYNE BLVD. STE 305
NO MIAMI FL 33181-2537

3. Date Incorporated or Qualified
05/23/1996

3a. Date of Last Report

2. Principal Place of Business
21 12550 Biscayne Blvd
Suite, Apt. #, etc. 213

2a. Mailing Address
26 12550 Biscayne Blvd
Suite, Apt. #, etc. 215

4. FEI Number
65-046 7715

Applied For
Not Applicable

22 City & State
NORTH MIAMI FL

27 City & State
NORTH MIAMI FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip
33181

24 Country
DADE

28 Zip
33181

29 Country
DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SWAN, BILL
12550 BISCAYNE BLVD. STE 305
NO MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name WILLIAM S. SWAN
82 Street Address (P.O. Box Number is Not Acceptable)
12550 BISCAYNE BLVD. STE 213
83
84 City NORTH MIAMI FL 85 Zip Code 33181

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 WILLIAM S. SWAN

W. Swan

1/8/97

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PRESIDENT	William Swan	12550 BISCAYNE BLVD # 213	NORTH MIAMI FL 33181	<input type="checkbox"/>
VIC PRESIDENT	BARRY STERN	12550 BISCAYNE BLVD # 213	NORTH MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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:

W. Swan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0246926

CR2E034 (9/96)