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Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000068602 (7)

1. Corporation Name  
ISOMED, INC.



Principal Place of Business  
2200 SUNTRUST INTERNATIONAL CENTER  
ONS S.E. 2RD AVENUE  
MIAMI FL 33131

Mailing Address  
2200 SUNTRUST INTERNATIONAL CENTER  
ONS S.E. 2RD AVENUE  
MIAMI FL 33131

3. Date Incorporated or Qualified  
08/16/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 620 Renaissance Pointe	26 620 Renaissance Pointe	65-0692403	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 # 210	27 # 210	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State		
23 Altamonte Springs FL	28 Altamonte Springs FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip		
24 32714	29 32714	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 U.S.A.	30 U.S.A.		

9. Name and Address of Current Registered Agent

MITRANI, ISAAC J  
2200 SUNTRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVENUE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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

Signature type: the 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	1.1 TITLE	D
NAME	CHO, YOUNG W DR	1.2 NAME	cho, Young W. Dr.
STREET ADDRESS	901 WOODED ACRES 937-D WOODED ACRES	1.3 STREET ADDRESS	620 Renaissance Pointe Unit 210
CITY-ST-ZIP	WALCO TX 76710	1.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE		2.1 TITLE	D.
NAME		2.2 NAME	LEE, JEDONG SEON
STREET ADDRESS		2.3 STREET ADDRESS	620 Renaissance Pointe # 210
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JEDONG SEON, LEE - CORPORATE SECRETARY March 12 97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518750

CR2E034 (9/96)