€OF ANNU	PROFIT RPORATION JAL REPORT	RATION Sandra B. Morti REPORT Secretary of Sta			ITOF STATE  tham  late		The last to the la	10+Z 97 JUL 18 PM 2: 27	
DOCUMENT # P96000071650  MED Construction corp.							SECRE WAY OF STATE TALLAHASSEF FLORIDA		
Principal Place of Business 7907 NW 53 st. Suite 109 Miami, Fl 33166						3. Date Incorporated or Qualified 3a. Date of Last	t Report		
Suite, Apt.	2. Principal Place of Business 26. Suite, Apt. #, etc.  Suite, Apt. #, etc.					1979 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1	65-680503 65 - 0670505 5. Cartificate of Status Desired \$8.75	Applied For Not Applicable 5 Additional Required	
City & State 23 Zip	Zip Country Zip Cou				ountry	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
Jorge L. De La Osa, ESQ 10680 SW 113th Place Suite 103 Miemi, El 33176					81 Name				
					82 83				
					84 City FL 85 Zip Code				
office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607. of Florida. ations of, S	1508, Florida Statut Such change was a action 607.0505, Flo	es, the a authorize orida Sta	above ed by alutes	e-named o y the corp s	corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment is	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOT	E: Register	ed Age	ent signature	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/ Treas/ Secre Marisel M. Escalona 7157 NW 1st Terr.		☐ DELETE	1.21	title Name Street City-S	ADDRESS	70000224555 -07/23/970111 ****165.00 ***	0014 **165.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, Fl 33126		☐ DELETE	2.11 2.21 2.35	TITLE NAME	ADDRESS	□ Changi	e Addition	

NAN ŞTR CITY TITL STR CITY TITLE DELETE ☐ Change \_\_\_\_ Addition NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 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:

Marilan

6/30/97 305-5929005

CONSTRUCTION MED CORP. 53 rd 7907 Street Suite 109 Miami, Florida 33166 (305) 592-9005

Miami, Florida June 30, 1997

FLORIDA DEPARTMENT OF STATE. DIVISION OF CORPORATION Annual Report Filings Post Office Box 6327 Tallahasee, Florida 32314

Dear Department;

Enclosed find filled form for Corporation Annual Report sent to your office as requested by us since we had not received the Preprinted Report this year.

According to the officer that we contacted over the phone, on June 26, 1997, the Preprinted report was returned to your office by the Post Office.

We kindly asked you to please waived the late fee and penalties because of filing after May  $1^{\mbox{st}}$  . If you cannot waive the penalty please let us know.

Sincerely;

Marisel M. Escalona

MEndere

President