PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000089565

TROPICAL MEDICINE, CORP.

Principal Place of Business 3990 WEST FLAGLER SUITE 103

MIAMI FL 33134

Mailing Address

3500 SW 89TH COURT MIAMI FL 33165

US

FILED May 14, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

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Trust Fund Contribution					·	6 Floation Compaign Financing			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ABREU, MARISOL 3500 SW 89 CT. MIAMI FL 33165 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 agent, and both, in the State of Florida, Such change was suthinicated by the corporation's board of directors. I hereby accept the appointment are registered agent, and acceptable of the corporation of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and acceptable of the corporation's board of directors. I hereby accept the appointment are registered agent, and acceptable of the corporation's board of directors. I hereby accept the appointment are registered agent, and acceptable of the corporation's board of directors. I hereby accept the appointment are registered agent, and acceptable of the provisions of section 607,0502 and 607,0502 an	23 Miani FL 28 Miani, T			Er_		Trust Fund Contribution Added to Fees			
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR