

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002895 (5)

1. Corporation Name
IMEDCORP INVESTMENTS, INC.

Principal Place of Business

1111 LINCOLN RD. SUITE 500
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD. SUITE 500
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12745 SW 100 CT Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL 33176 Zip Country 24 25	2a. Mailing Address 26 12745 S.W. 100 CT Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL 33176 Zip Country 29 30	3. Date Incorporated or Qualified 01/09/1997 4. FEI Number 65-0731686 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" 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
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9. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ.
1111 LINCOLN RD, SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
			FL	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LUSARDI, LUCA	1.2 NAME	
STREET ADDRESS	12745 SW 100 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	2.1 TITLE	
NAME	DARIO ROVELLI	2.2 NAME	
STREET ADDRESS	8843 NW 151 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	3.1 TITLE	
NAME	FRANCESCO BAFFONE	3.2 NAME	
STREET ADDRESS	10030 NW 52 TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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 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 the CEO 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:

President 4-9-98 365-2533796

CR2E034 (10/97)