

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90115 008 ***150.00

12/1991/4

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028406

1. Corporation Name
IVM MEDICAL, INC.



Principal Place of Business 6022 SW 147 PLACE CIRCLE MIAMI FL 33193	Mailing Address 6022 SW 147 PLACE CIRCLE MIAMI FL 33193
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1997	
4. FEI Number 65-0759491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8:75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 1111 Kane Concourse	2a. Mailing Address 26 1111 Kane Concourse
Suite, Apt. #, etc. 22 611-A	Suite, Apt. #, etc. 27 611-A
City & State 23 Bay Harbor Island Fl.	City & State 28 Bay Harbor Island Fl.
Zip Country 24 33154 25 USA	Zip Country 29 33154 30 USA

9. Name and Address of Current Registered Agent ZAPATA, MAURICIO 6022 SW 147 PLACE CIRCLE MIAMI FL 33193	10. Name and Address of New Registered Agent 1111 Kane Concourse suite 611-A Bay Harbor Island Fl. 33154 USA
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME ZAPATA, MAURICIO	
STREET ADDRESS 6022 SW 147 PLACE CIRCLE	
CITY-ST-ZIP MIAMI FL 33193	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1111 Kane Concourse suite 611-A
1.4 CITY-ST-ZIP	Bay Harbor Island Fl. 33154.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **Mauricio Zapata - Pres 4-29-99 (305) 861-6119**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)