

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000028855**

1. Corporation Name
MEDIHELP, INC.

Principal Place of Business
**12380 NW 13TH COURT
PEMBROKE PINES FL 33026**

Mailing Address
**12380 NW 13TH COURT
PEMBROKE PINES FL 33026**

2. Principal Place of Business	2a. Mailing Address
21 3900 N.W. 79 Ave	26 3900 N.W. 79 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 558	27 558
City & State	City & State
23 MIAMI - FLORIDA	28 MIAMI - FLORIDA
Zip	Zip
24 33166	29 33166
Country	Country
25	30

9. Name and Address of Current Registered Agent

**REBOLA, WALTER CAMARA
12380 NW 13TH COURT
PEMBROKE PINES FL 33026**

81 Name **JOSE M. VEGA**
82 Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Ave
83 **410**
84 City **MIAMI,**

FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.012 and 607.1503, 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

Jose M. Vega

(305)539-9050

(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REBOLA, WALTER CAMARA	
STREET ADDRESS	12380 NW 13TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VALDEVINO, DIAS	
STREET ADDRESS	12380 NW 13TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

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:

WALTER CAMARA REBOLA,

(305)436-5933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0148949

CR2E034 (11/98)