


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 # <u>PA7000080840</u>					
1. Corporation Name <u>INTER NATIONAL MODERN MEDICAL, Inc.</u> <u>1525</u>					
Principal Place of Business <u>1525 S. Andrews Ave (Suite 214)</u> <u>Fort Lauderdale Florida 33316</u> <u>U.S.</u>			Mailing Address <u>1525 S. Andrews Ave (214)</u> <u>Fort Lauderdale Florida</u> <u>(U.S.) 33316</u>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>9/17/1997</u>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <u>65-0783821</u>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 <u>Dr. Victor H. SHABANAH (President)</u> <u>1525 S. Andrews Ave (Suite 214)</u> <u>Fort Lauderdale Florida 33316</u>				82 Name 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code <u>FL</u>	
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					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE <input 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					

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: Victor H. Shabanah President 6/7/99 (954) 523-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)