

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

FILED

Mar 31 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 # P97000095040 (6)

1. Corporation Name

MED SEARCH, INC.

Principal Place of Business

C/O WILLIAM S. POLLAK, ESQ.
1221 BRICKELL AVE. 9TH FL
MIAMI FL 33131

Mailing Address

C/O WILLIAM S. POLLAK, ESQ.
1221 BRICKELL AVE. 9TH FL
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12600 SW 68 CT		26 12600 SW 68 CT		11/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0800087	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FL		28 MIAMI FL 33156		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. 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	
24 33156		29 33156			
Country		Country			
25 DADE		30 DADE			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PATELLA, RONALD A 6150 SW 8TH CT PLANTATION FL 33317				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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	
TITLE	D	1.1 TITLE	P/T
NAME	TRESPALACIOS, JOSE	1.2 NAME	TRESPALACIOS, JOSE
STREET ADDRESS	1221 BRICKELL AVE, 9TH FL	1.3 STREET ADDRESS	12600 SW 68 CT
CITY-ST-ZIP	MIAMI FL 33131-3200	1.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE		2.1 TITLE	V
NAME		2.2 NAME	DIANE SPORI
STREET ADDRESS		2.3 STREET ADDRESS	7727 SW 86 ST # 401
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33143
TITLE		3.1 TITLE	S
NAME		3.2 NAME	TAPIA Michael
STREET ADDRESS		3.3 STREET ADDRESS	10321 SW 99 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33176
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 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.

SIGNATURE:

305 255-2600

CR2E034 (10/97)