

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra A. Morton, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000102055 (5)

1. Corporation Name
COVIMED, INC.



Principal Place of Business 8390 W FLAGLER ST SUITE 216 MIAMI FL 33144	Mailing Address 8390 W FLAGLER ST SUITE 216 MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1997	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0797641		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SUAREZ VICTOR N 8390 W FLAGLER ST SUITE 216 MIAMI FL 33144		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. VICTOR N. SUAREZ <input type="checkbox"/> DELETE 8390 W. FLAGLER ST #216 MIAMI, FL 33144		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. <input type="checkbox"/> DELETE		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. <input type="checkbox"/> DELETE		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. <input type="checkbox"/> DELETE		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. <input type="checkbox"/> DELETE		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. <input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. <input type="checkbox"/> DELETE		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. <input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
23. <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
24. <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 _____ 4-1-98 305-5518763

CR2E034 (10/97)