

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000104162 (7)

1. Corporation Name  
TRANSMED ONE, INC.



Principal Place of Business 1525 SW 82ND PLACE MIAMI FL 33144	Mailing Address 1525 SW 82ND PLACE MIAMI FL 33144
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10951 S.W. 93CT. Suite, Apt. #, etc. 22 City & State MIAMI, FL 23 Zip 33176 24 Country USA		2a. Mailing Address 26 8567 CORAL WAY, # 336 Suite, Apt. #, etc. 27 STE. 336 28 City & State MIAMI, FL 33155 29 Zip 33155 30 Country U.S.A.		3. Date Incorporated or Qualified 12/10/1997	
		4. FEI Number 65-0796417		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 or has paid the current year's taxable Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MONTESINOS, MARIA  
1525 SW 82ND PLACE  
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 State	86 Zip Code
	10951 SW 93 COURT		MIAMI	FL	33176

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

OFFICERS AND DIRECTORS

TITLE	P	12. NAME	MONTESINOS, MARIA	13. STREET ADDRESS	1525 SW 82ND PLACE	14. CITY-ST-ZIP	MIAMI FL 33144
TITLE	V	12. NAME	MONTESINOS, JOSE I	13. STREET ADDRESS	1525 SW 82ND PLACE	14. CITY-ST-ZIP	MIAMI FL 33144
TITLE		12. NAME		13. STREET ADDRESS		14. CITY-ST-ZIP	
TITLE		12. NAME		13. STREET ADDRESS		14. CITY-ST-ZIP	
TITLE		12. NAME		13. STREET ADDRESS		14. CITY-ST-ZIP	
TITLE		12. NAME		13. STREET ADDRESS		14. CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		10951 SW 93 CT	MIAMI, FL 33176			10951 SW 93 CT	MIAMI, FL 33176																

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:

maria montesinos

3-23-98

CR2E034 (10/97)