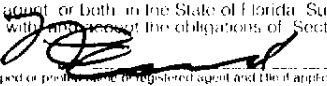
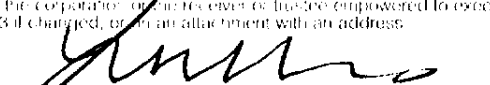


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra E. Morthorn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000106448 1. Corporation Name: Magna Medical Systems, Inc.			
Principal Place of Business: 7200 N.W. 7th Street Miami, Fl. 33126		Mailing Address: 7200 N.W. 7th Street Miami, Fl. 33126	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Leopold, Norman 20801 Biscayne Blvd. Suite 501 Aventura, Fl. 33180			
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			
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:  DATE: 6/8/98			
12. OFFICERS AND DIRECTORS 12.1 TITLE: D ☐ DELETE 12.2 NAME: Gonzalez, Louis O 12.3 STREET ADDRESS: 7200 N.W. 7th Street 12.4 CITY-ST-ZIP: Miami, Fl. 33126 12.5 TITLE: D ☐ DELETE 12.6 NAME: Gonzalez, Iris J 12.7 STREET ADDRESS: 7200 N.W. 7th Street 12.8 CITY-ST-ZIP: Miami, Fl. 33126 12.9 TITLE: D ☐ DELETE 12.10 NAME: Gonzalez, Nunez Lisette 12.11 STREET ADDRESS: 7200 N.W. 7th Street 12.12 CITY-ST-ZIP: Miami, Fl. 33126 12.13 TITLE: D ☐ DELETE 12.14 NAME: Ramos, Andres 12.15 STREET ADDRESS: 7200 N.W. 7th Street 12.16 CITY-ST-ZIP: Miami, Fl. 33126 12.17 TITLE: ☐ DELETE 12.18 NAME: 12.19 STREET ADDRESS: 12.20 CITY-ST-ZIP:			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE: ☐ Change ☐ Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-ST-ZIP: 13.5 TITLE: ☐ Change ☐ Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-ST-ZIP: 13.9 TITLE: ☐ Change ☐ Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-ST-ZIP: 13.13 TITLE: ☐ Change ☐ Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-ST-ZIP: 13.17 TITLE: ☐ Change ☐ Addition 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY-ST-ZIP: 13.21 TITLE: ☐ Change ☐ Addition 13.22 NAME: 13.23 STREET ADDRESS: 13.24 CITY-ST-ZIP: 13.25 TITLE: ☐ Change ☐ Addition 13.26 NAME: 13.27 STREET ADDRESS: 13.28 CITY-ST-ZIP: 13.29 TITLE: ☐ Change ☐ Addition 13.30 NAME: 13.31 STREET ADDRESS: 13.32 CITY-ST-ZIP: 13.33 TITLE: ☐ Change ☐ Addition 13.34 NAME: 13.35 STREET ADDRESS: 13.36 CITY-ST-ZIP: 13.37 TITLE: ☐ Change ☐ Addition 13.38 NAME: 13.39 STREET ADDRESS: 13.40 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 supplementary 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 have been or will be 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:  DATE: 4/30/98 305-261-2211			

CR2E034 (10/97)