


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90187 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000047836**

1. Corporation Name  
**MEDIMEX, CORP.**

Principal Place of Business  
 11712 SW 13 ST  
 MIAMI FL 33184

Mailing Address  
 11712 SW 13 ST  
 MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

OIDE, JACQUELINE  
 11712 SW 13TH ST  
 MIAMI FL 33184

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD  
 STREET ADDRESS OIDE, JACQUELINE  
 CITY-ST-ZIP PO BOX 162355 N/A  
 MIAMI FL 33118

TITLE ☐ DELETE

NAME VTD  
 STREET ADDRESS IBARRA, ROBERTO  
 CITY-ST-ZIP 8925 COLLINS AVE #5E  
 SURFSIDE FL 33141

TITLE ☐ DELETE

NAME SD  
 STREET ADDRESS BRETON, JOSE LUIS  
 CITY-ST-ZIP 265 THIERS #2 COL ANZURES  
 MEXICO DF MEXICO

TITLE ☐ DELETE

NAME SD  
 STREET ADDRESS MOYA, SIXTO HERRERA  
 CITY-ST-ZIP AVE COL DEL VALLE 443 #2  
 MEXICO DF MEXICO

TITLE ☐ DELETE

NAME D  
 STREET ADDRESS ZAVALA PORTO, ADRIANA  
 CITY-ST-ZIP PICAGREGOS #76 CO. LOMAS DE LAS  
 AGUILAS, MEXICO 01730 D.F.

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)